

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 001 ***150.00

DOCUMENT # P96000082125

1. Entity Name
OCEAN FRESH SEAFOOD MARKETPLACE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4400 N. Federal Hwy.

Suite, Apt. #, etc.
210-05

City & State
Boca Raton, FL

Zip
33431

3. Mailing Address
1445 Wampanoag Trail

Suite, Apt. #, etc.
202

City & State
East Providence, RI

Zip
02915

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1103258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Coutu, Robert G.

Street Address (P.O. Box Number is Not Acceptable)
4400 N. Federal Highway

Suite 210-05

City Boca Raton FL Zip Code 33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

SIGNATURE

Signature typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director
NAME Coutu, Robert G.
STREET ADDRESS 4400 N. Federal Hwy, Ste 210-05
CITY-ST-ZIP Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Guarino, Fred
STREET ADDRESS 1445 Wampanoag Trail, Ste 202
CITY-ST-ZIP East Providence, RI 02915

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
Date

401-437-0808
Daytime Phone #