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Secretary of State

04-25-2003 90282 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90105983

DOCUMENT # P96000084433			
1. Entity Name: Everglades Seafood Express, Inc. 7240 NW 45 Ct Lauderhill FL 33319			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7240 NW 45 Ct Suite, Apt. #, etc.		3. Mailing Address 7240 NW 45 Ct Suite, Apt. #, etc.	
City & State Lauderhill FL		City & State Lauderhill, FL	
Zip 33319	Country Broward	Zip 33319	Country Broward
4. FEI Number 650700173		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Steven Mioduchowski			
Street Address (P.O. Box Number is Not Acceptable) 7240 NW 45 Ct			
City Lauderhill FL			
Zip Code 33319			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Steven C. Mioduchowski		DATE 4/22/03	
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE President	NAME Steven C Mioduchowski		
STREET ADDRESS 7240 NW 45 Ct	CITY-ST-ZIP Lauderhill FL 33319		
TITLE Vice President	NAME Joann Mioduchowski		
STREET ADDRESS 7240 NW 45 Ct	CITY-ST-ZIP Lauderhill, FL 33319		
TITLE Secretary	NAME Joann Mioduchowski		
STREET ADDRESS 7240 NW 45 Ct	CITY-ST-ZIP Lauderhill FL 33319		
TITLE Treasurer	NAME Steven C. Mioduchowski		
STREET ADDRESS 7240 NW 45 Ct	CITY-ST-ZIP Lauderhill FL 33319		
TITLE 	NAME 		
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 		
STREET ADDRESS 	CITY-ST-ZIP 		
DO NOT WRITE IN THIS SPACE			
12. 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 10 or on an attachment with an address with all other like employees.			
SIGNATURE Steven C. Mioduchowski		DATE 4/22/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CRS-034B (12/02)