

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90036 014 ***150.00

0165033 AV

DOCUMENT # P96000102861

1. Entity Name

KEY WEST FRESH SEAFOODS INC.

Principal Place of Business

209 AVENUE B 202 SHORE AVE
KEY WEST FL 33040

Mailing Address

209 AVENUE B 202 SHORE AVE
KEY WEST FL 33040



2. Principal Place of Business

202 SHORE AVE KW FL

3. Mailing Address

202 SHORE AVE KW FL 33040

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0715396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFLAIR, RICKY L

209 AVENUE B 202 SHORE AVE
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Manuel E. Llanos Secretary

3-7-2002

Signature, typed or printed name 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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LAFRAIR, RICK**
STREET ADDRESS **209 AVE B**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☒ Change ☐ Addition
NAME **202 SHORE AVE**
STREET ADDRESS **202 SHORE AVE**
CITY-ST-ZIP **202 SHORE AVE**

TITLE **S** ☐ Delete
NAME **LAFRAIR, MARCIA**
STREET ADDRESS **209 AVE B**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☒ Change ☐ Addition
NAME **202 SHORE AVE**
STREET ADDRESS **202 SHORE AVE**
CITY-ST-ZIP **202 SHORE AVE**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Manuel E. Llanos Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-2002

Date

305 294 5384

Daytime Phone #

CR2E034 (9/01)