

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90174 039 ***158.75

DOCUMENT # P97000069513

1. Entity Name
FISHER-A-MEN HARBOR, INC.



Principal Place of Business
3480 WEST BROWARD BLVD
FORT LAUDERDALE FL 33312

Mailing Address
3480 WEST BROWARD BLVD
FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0774252**

☒ **Applied For**
☐ **Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AMERILAWYER CHARTERED~~
~~833 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

BARBARA JAY CJA
3401 NW 22ND ST
CANAL CITY FL 33056

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara Jay CJA

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD**
NAME **THOMPSON, ALVIN D**
STREET ADDRESS **3480 WEST BROWARD BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

☐ **Delete**

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☐ **Change** ☐ **Addition**

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2002 954-587-1050
Date **Daytime Phone #**

CR2E04 (10/02)