

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000073991**

1. Entity Name

TRIMAR SEAFOOD COMPANY, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90062 028 ***150.00

Principal Place of Business

**2832 NW 72 AVENUE
MIAMI FL 33122
US**

Mailing Address

**2832 NW 72 AVENUE
MIAMI FL 33122
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

**BEEBE, MICHAEL
2832 NW 72 AVENUE
MIAMI FL 33122**

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SDT	BEEBE, MICHAEL	2832 NW 72 AVENUE	MIAMI FL 33122	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	WHITE, TOM	2832 NW 72 AVENUE	MIAMI FL 33122	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	CAHILL, PHILIP	2832 NW 72 AVENUE	MIAMI FL 33122	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM WHITE

Date

1/16/01

Daytime Phone #

305-499-9080

CR2E034 (10/00)