

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90191 007 ***150.00

DOCUMENT # P97000076981

1. Entity Name
AMERICAN SMOKED FISH COMPANY



Principal Place of Business

64 NE 73RD ST
MIAMI FL 33138
US

Mailing Address

5715 MARGATE BLVD.
MARGATE FL 33063

2. Principal Place of Business

1400 S.W. 1ST COURT

3. Mailing Address

1400 S.W. 1ST COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0780725

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

BOLTON, RICHARD A ESQ.
1011 IVES DAIRY ROAD
SUITE 210
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKMAN, STANLEY		NAME	1400 SW 1ST CT.	
STREET ADDRESS	5715 MARGATE BLVD.		STREET ADDRESS	Pompano Beach, FL 33069	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEFFER, STANLEY		NAME	1400 SW 1ST CT.	
STREET ADDRESS	5715 MARGATE BLVD.		STREET ADDRESS	Pompano Beach, FL 33069	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKMAN, CRAIG		NAME	1400 SW 1ST CT.	
STREET ADDRESS	5715 MARGATE BLVD.		STREET ADDRESS	Pompano Beach, FL 33069	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACKER, HARVEY		NAME	1400 SW 1ST CT.	
STREET ADDRESS	5715 MARGATE BLVD.		STREET ADDRESS	Pompano Beach, FL 33069	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STANLEY PFEFFER

1/10/03