

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078271

1. Entity Name

THE FISH COLLECTION, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90103 020 ***150.00

Principal Place of Business

1851 NE 163 ST
N MIAMI BEACH FL 33162
US

Mailing Address

1851 NE 163 ST
N MIAMI BEACH FL 33162-4730
US

2. Principal Place of Business

1609 NE 163rd Street
Suite, Apt. #, etc.

3. Mailing Address

1609 NE 163rd ST
Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0014836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, JONATHAN H
C/O JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA SUITE 700
MIAMI FL 33131-2816

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.

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOULLEU, ELIAS	
STREET ADDRESS	1851 NE 163RD ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryen Kutcher	
STREET ADDRESS	1609 NE 163 rd ST.	
CITY-ST-ZIP	N. Miami Beach FL 33162	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elias Houllou	
STREET ADDRESS	1609 NE 163 rd ST.	
CITY-ST-ZIP	N. Miami Beach FL 33162	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Kutcher	
STREET ADDRESS	1609 NE 163 rd ST	
CITY-ST-ZIP	N. Miami Beach FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)