

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085000

1. Entity Name

FLORIDA FISHERIES ENTERPRISES INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91153 016 ***150.00

Principal Place of Business

1610 W 31ST PLACE
HIALEAH FL 33012

Mailing Address

PO BOX 126808
#205
HIALEAH FL 33012
US

2. Principal Place of Business

1610 W. 31 Place
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Same

Zip

33012

Country

USA

Zip

Country

4. FEI Number

65-0820173

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

CASANOVA, IRIS
6835 WEST 36 AVE
#205
HIALEAH FL 33018

Name

Same

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

1610 W 31 Place

City

Hialeah

FL

Zip Code

33012

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

IRIS CASANOVA, V.P.

4-23-01

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 \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CASANOVA, MANUEL
6835 W 36 AVE, #205
HIALEAH FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1610 West 31 Place
Hialeah, FL 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CASANOVA, IRIS
6835 W 36 AVE, #205
HIALEAH FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1610 West 31 Place
Hialeah, FL 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4/23/01

Date

305-362-9587

Daytime Phone #

CR2E034 (10/00)