

# 2001 UNIFORM BUSINESS REPORT (UBR)

0132886

DOCUMENT # P98000040909

1. Entity Name

CHILEAN SEAFOOD EXCHANGE, INC.

FILED

01 APR 23 AM 11:50

Principal Place of Business

Mailing Address

5000 GODFREY ROAD  
CORAL SPIRNGS FL 33067

5000 GODFREY ROAD  
CORAL SPIRNGS FL 33067

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0833300

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERETZ, ANDREW B  
ONE EAST BROWARD BLVD. SUITE 620  
FT. LAUDERDALE FL 33301

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!  
After MAY 1, 2001  
Make Check Payable to Department of State

FEE IS \$150.00  
Fee will be \$550.00  
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 PD  
NAME GROS, JEAN-SEBASTIEN  
STREET ADDRESS 5000 GODFREY ROAD  
CITY-ST-ZIP CORAL SPIRNGS FL 33067 ☐ Delete

TITLE  
NAME 300004274403-4 ☐ Change ☐ Addition  
STREET ADDRESS -05/21/01--01154--010  
CITY-ST-ZIP \*\*\*\*158.75 \*\*\*\*158.75

TITLE VD  
NAME GROS, TRISHA K  
STREET ADDRESS 5000 GODFREY ROAD  
CITY-ST-ZIP CORAL SPIRNGS FL 33067 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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 no 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

JEAN-SEBASTIEN GROS 4-10-01 954-255-7848  
PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)