2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040909

1. Entity Name
CHILEAN SEAFOOD EXCHANGE, INC.

Principal Place of Business	Mailing Address
5000 GODFREY ROAD	5000 GODFREY ROAD
CORAL SPIRNGS FL 33067	CORAL SPIRNGS FL 33067

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ CHECK HERE IF MAKING CHANGES
City & State	City & State	

Zip	Country	Zip	Country	4. FEI Number 65-0833300	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
PERETZ, ANDREW B ~~ONE EAST BROWARD BLVD. SUITE 620~~ ~~FT. LAUDERDALE FL 33301~~	Name *Same* Street Address (P.O. Box Number is Not Acceptable) 300 SE 2ND STREET SUITE # 700 City FT. LAUDERDALE FL Zip Code 33301

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 _ANDREW B. Peretz_ 1/24/03

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 P NAME GROS, JEAN-SEBASTIEN STREET ADDRESS 5000 GODFREY ROAD CITY-ST-ZIP CORAL SPIRNGS FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V 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
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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 all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_ 1/24/03 954-255-7848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #