

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90160 029 \*\*\*150.00

**DOCUMENT # P98000082483**

1. Entity Name  
**FULL MOON SEAFOOD, INC.**



Principal Place of Business  
**1204 N.W. 72ND AVE.**  
**MIAMI FL 33126**

Mailing Address  
**1204 N.W. 72ND AVE.**  
**MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**13531 SW 98 St.**

Suite, Apt. #, etc.

**P.O. Box 520784**

City & State

**Miami, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0868583**

Applied For

Not Applicable

Zip

**33186**

Country

**U.S.A.**

Zip

**33152**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAREJA, RENZO A**  
**7820 CAMINO REAL**  
**#419**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **PAREJA RENZO A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13531 SW. 98 St.**  
 City **MIAMI** FL Zip Code **33186**

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 **Renzo A. Pareja Director**

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

(NOTE: Registered Agent signature required when reinstating)

**9-11-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAREJA, RENZO A</b>	
STREET ADDRESS	<b>3933 SW 123 CT #410</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
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	<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	
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	
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)(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 REQUIRED**  
**Renzo A. Pareja Director**

**9-11-01**

**305-308-0606**

Date

Daytime Phone #

AV 1958300

CR2E034 (5/01)



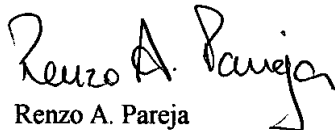
Attachment  
D#P98000083/83  
BOJ05922

Miami September 11- 2001

To: Florida Department Of State  
Division Of Corporations

This letter is attached to the 2001 Uniform Business Report; we have previously filed this document on the month of May 2001 but apparently this were lost in the mail system.  
We appreciate your understanding

Respectfully

  
Renzo A. Pareja