

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095768

1. Entity Name

MACRO SEAFOODS, INC.

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90013 044 \*\*\*150.00

Principal Place of Business

Mailing Address

2900 NW 75TH STREET, SUITE 307  
MIAMI FL 33147

2900 NW 75TH STREET, SUITE 307  
MIAMI FL 33016-2522

2. Principal Place of Business

3. Mailing Address

9500 N.W. 77TH AVE

9500 N.W. 77TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

26

26

City & State

City & State

HALEAH GARDENS FL

HALEAH GARDENS FL

Zip

Zip

Country

Country

33016

USA

33016

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2131650

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

SILVER, PETER

2900 NW 75TH STREET, SUITE 307  
MIAMI FL 33147

Name

Peter Silver

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

9500 N.W. 77TH AVE #26

City

HALEAH GARDENS FL

Zip Code 33016

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

PETER SILVER

*[Signature]*

JAN 4, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SILVER, PETER  
STREET ADDRESS 2900 NW 75TH STREET, SUITE 307  
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE D ☒ Change ☐ Addition  
NAME Peter Silver.  
STREET ADDRESS 9500 N.W. 77TH AVE, #26  
CITY-ST-ZIP HALEAH GARDENS, FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 4 / 2000

Date

305-827-5801

Daytime Phone #