

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90072 020 ***150.00

DOCUMENT # P98000095768

1. Entity Name
MACRO SEAFOODS, INC.



Principal Place of Business
9500 N.W. 77TH AVENUE
26
HIALEAH GARDENS FL 33016

Mailing Address
9500 N.W. 77TH AVENUE
26
HIALEAH GARDENS FL 33016



2. Principal Place of Business
1401 LA COSTA DRIVE E
Suite, Apt. #, etc.

3. Mailing Address
1401 LA COSTA DRIVE E
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL
Zip
33027
Country
BROWARD

City & State
PEMBROKE PINES, FL
Zip
33027
Country
BROWARD

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

SILVER, PETER
9500 N.W. 77TH AVENUE #26
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name
PETER SILVER
Street Address (P.O. Box Number is Not Acceptable)
1401 LA COSTA DRIVE E
City
PEMBROKE PINES FL Zip Code
33027

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 9 2003

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, PETER 9500 N.W. 77TH AVENUE #26 HIALEAH GARDENS FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER SILVER. 1401 LA COSTA DRIVE E. PEMBROKE PINES, FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 9 2003

Date

954-436-7780
854-436-7780

Daytime Phone #

CR2E034 (10/02)