2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000097897 May 17, 2000 8:00 am 1. Entity Name Secretary of State THE SEAFOOD PLACE, INC. 05-17-2000 90980 044 ***158.75 Mailing Address Principal Place of Business 7235 CORAL WAY, SUITE 201 7235 CORAL WAY. SUITE 201 MIAMI FL 33155 MIAMI FL 33155-1451 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable 65-0885315 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (PO. Box Number is Not Acceptable) 7235 Corn (Way . St WOJCIECHOSKI, MARIA B 7235 CORAL WAY, SUITE 201 **MIAMI FL 33155** Zip Code Miami <u> 33155</u> 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. re required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. TITLE Delete Wojeiechowski, Christian 7235 Coral Way, Ste. 201 WOJCIECHOWSKI, MARIA B NAME STREET ADDRESS STREET ADDRESS 7235 CORAL WAY, STE. 201 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA **MIAMI FL 33155** DVPT TITLE ☐ Delete TITLE Wozciechowski, MARIA 8. WOJCIECHOWSKI, CRISTIAN A NAME NAME CORAL WAY, Ste. 201 STREET ADDRESS 7235 CORAL WAY, SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** Minni, ELDRICA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

christian A. Wojelechowski SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.