

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90818 015 \*\*\*158.75

**DOCUMENT # P98000097897**

1. Entity Name

**THE SEAFOOD PLACE, INC.**

Principal Place of Business

**7235 CORAL WAY, SUITE 201  
MIAMI FL 33155**

Mailing Address

**7235 CORAL WAY, SUITE 201  
MIAMI FL 33155**

2. Principal Place of Business

**10405 NW 41 St.**

Suite, Apt. #, etc.

3. Mailing Address

**10405 NW 41 St.**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33178**

Country

**USA**

Zip

**33178**

Country

**USA**

4. FEI Number

**65-0885315**

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOJCIECHOSKI, MARIA B  
7235 CORAL WAY, SUITE 201  
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

**Cristian A. Wojciechowski**

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

**10405 NW 41 St.**

City

**Miami**

**FL**

Zip Code

**33178**

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

*[Signature]*

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

**Cristian Wojciechowski**

(NOTE: Registered Agent signature required when reinstating)

**4/26/2001**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS WOJCIECHOWSKI, MARIA B 7235 CORAL WAY, STE. 201 MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPT WOJCIECHOWSKI, CRISTIAN A 7235 CORAL WAY, SUITE 201 MIAMI FL 33155</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

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

**Cristian Wojciechowski**

**President**

**4/26/2001**

Date

**(305) 986-7117**

Daytime Phone #

CR2E034 (10/00)