

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90129 026 ***550.00

DOCUMENT # P98000097897

1. Entity Name
THE SEAFOOD PLACE, INC.

Principal Place of Business

**10405 NW 41ST STREET
 MIAMI FL 33178**

Mailing Address

**10405 NW 41ST STREET
 MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0885315

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

**WOJCIECHOWSKI, CRISTIAN A
 10405 NW 41ST STREET
 MIAMI FL 33178**

Name

Cristian Wojciechowski

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

10405 NW 41 Street

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Cristian Wojciechowski

09/05/02

(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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete
 NAME **WOJCIECHOWSKI, MARIA B**
 STREET ADDRESS **7235 CORAL WAY, STE. 201**
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **DVPT** ☐ Delete
 NAME **WOJCIECHOWSKI, CRISTIAN A**
 STREET ADDRESS **7235 CORAL WAY, SUITE 201**
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

Cristian Wojciechowski
Vice President

Date

09/05/02 (305) 406 3737

Daytime Phone #

CR2E034 (4/02)