

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-02-2002 90130 003 ***150.00

DOCUMENT # P98000103878

1. Entity Name

Nationwide Seafood Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite 0-305

City & State

Miami FL

Zip

33131

Country

US

3. Mailing Address

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite 0-305

City & State

Miami FL

Zip

33131

Country

US

4. FEI Number

650887216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Transglobal Corporate Administration

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

520 Brickell Key Drive

Suite 0-305

City
Miami

FL

Zip Code
33131

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, typed or printed name of registered agent and fee 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) ☐

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PS
NAME Ricardo Aronovski
STREET ADDRESS 520 Brickell Key Drive Suite 0-305
CITY-STATE-ZIP Miami FL 33131

TITLE VP
NAME Sergio Datoguia
STREET ADDRESS 520 Brickell Key Drive Suite 0-305
CITY-STATE-ZIP Miami FL 33131

TITLE AS
NAME STEPHEN A. FREEMAN
STREET ADDRESS 520 Brickell Key Dr., Suite 0-305
CITY-STATE-ZIP Miami, Florida 33131

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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

3. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Freeman

4/24/02 (305) 374 3800

Date

Daytime Phone #

CR2E034B (12/01)