

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90195 002 ***158.75

UC13138

DOCUMENT # P98000106296

1. Entity Name

CELEBRITY SEAFOOD, INC.

Principal Place of Business

Mailing Address

**1800 NW 96 AVE.
 MIAMI FL 33172**

**1800 NW 96 AVE.
 MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0884655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAUDIO, ALIAGA
 9893 NW 30 ST.
 MIAMI FL 33172**

Name **Claudio Aliaga**

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

1800 NW 96 AVE

City **Miami**

FL

Zip Code **33172**

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

Claudio Aliaga

4-30-2001

Signature, typed or printed name of registered agent and title 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)

**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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** Delete
 NAME **LINGEN, ERNESTO**
 STREET ADDRESS **9893 NW 30ST.**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **President, Treasurer, Director** Change Addition
 NAME **Lingen, Ernesto**
 STREET ADDRESS **1800 NW 96 AVE**
 CITY-ST-ZIP **Miami, FL. 33172**

TITLE **VTD** Delete
 NAME **ALIAGA, CLAUDIO**
 STREET ADDRESS **9893 NW 30 ST.**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **V S D** Change Addition
 NAME **Aliaga, Claudio**
 STREET ADDRESS **1800 NW 96 AVE**
 CITY-ST-ZIP **Miami, FL. 33172**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 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

Claudio Aliaga **4-30-2001** **470-7227**
 Vice President

Daytime Phone #

CR2E034 (10/00)