

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90093 027 ***158.75

DOCUMENT # P98000106296

1. Entity Name
CELEBRITY SEAFOOD, INC.

Principal Place of Business
1800 NW 96 AVE.
MIAMI FL 33172

Mailing Address
1800 NW 96 AVE.
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9001M NW 97 Terr.
 Suite, Apt. #, etc.

3. Mailing Address
9001M NW 97 Terrace
 Suite, Apt. #, etc.

City & State
Medley, Florida
 Zip
33178
 Country
USA

City & State
Medley, Florida
 Zip
33178
 Country
USA

4. FEI Number **65-0884655**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CLAUDIO, ALIAGA
1800 NW 96 AV
MIAMI FL 33172

7. Name and Address of New Registered Agent
 Name **Aliaga, Claudio**
 Street Address (P.O. Box Number is Not Acceptable)
9001M NW 97 Terrace
 City **Medley** 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 **Claudio Aliaga**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
 Vice President. DATE **4/29/02**

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete LINGEN, ERNESTO 4000 NW 96 AV 9001M NW 97 Terrace MIAMI FL 33172 Medley, FL. 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete ALIAGA, CLAUDIO 1800 NW 96 AV 9001M NW 97 Terrace MIAMI FL 33172 Medley, FL. 33178
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

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: **REQUIRED**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Claudio Aliaga (305)
 Vice Pres. 4/29/02 887-2226
 Date Daytime Phone #

AV 4656010

CR2E034 (9/01)