

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 990000 15148**

1. Entity Name

V. & E. SEAFOOD, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90202 008 ***150.00

Principal Place of Business

Mailing Address

40 17645 NW 27th Avenue
Miami, FL 33056

2. Principal Place of Business

500 NE 185th St.

3. Mailing Address

17645 NW 27th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 16

City & State

Miami, FL

City & State

Miami, FL

Zip

33179

Country

U.S.A.

Zip

33056

Country

USA

4. FEI Number

65-0897339

Applied For

☐ Not Applicable

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

Vansie Hibbert
500 NE 185th St.
Bay # 16
Miami, FL 33179

Name

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

City

FL

Zip Code

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

Vansie Hibbert

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	VANSIE Hibbert	
STREET ADDRESS	500 NE 185th St, # 16	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ERNE JAMES	
STREET ADDRESS	6861 SW 11th Street	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Vansie Hibbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

Daytime Phone #