

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031807

1. Entity Name

NICO'S SEAFOOD CORPORATION

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90111 039 ***158.75

00006912



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13860 S.W. 100 LANE
MIAMI FL 33186

Mailing Address

13860 S.W. 100 LANE
MIAMI FL 33186

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 65-0338967

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

CUEVAS, MARIA H
13860 S.W. 100 LANE
MIAMI FL 33186

Name

Mario Gatica

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

13860 SW 100 Lane

City

Miami

FL

Zip Code

33186

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

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 PD
NAME CUEVAS, MARIA H
STREET ADDRESS 13860 S.W. 100 LANE
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

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

TITLE VD
NAME GATICA, MARIO
STREET ADDRESS 13860 S.W. 100 LANE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE PVD
NAME Gatica, Mario
STREET ADDRESS 13860 SW 100 Lane Miami, FL 33186
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VP
NAME ARENAS, MARIA V
STREET ADDRESS 8401 SW 107TH AVE APT 146E
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01
Date

(305) 388-2706
Daytime Phone #

CR2E034 (10/00)