2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State
05-23-2000 90193 022 ***158.75

DOCUMENT # P99000046597

1. Entity Name

CHILEAN FISH & PRODUCE, CO.

Principal Place of Business	Mailing Address
PO BOX 452136 MIAMI FL 33245	PO BOX 452136 MIAMI FL 33245-2136

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 NW. 89 COURT.	P.O. BOX 452136
Suite, Apt. #, etc. 207.	Suite, Apt. #, etc.
City & State MIAMI FL.	City & State MIAMI FL
Zip 33172 Country USA	Zip 33245 Country USA.

4. FEI Number 65.0920859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRERA, HUGO S
7601 EAST TREASURE DR.
SUITE 724
N. BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name HUGO HERRERA
Street Address (P.O. Box Number is Not Acceptable)
1301. N.W. 89 COURT. SUITE 207
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 [signature] HUGO HERRERA APRIL 10 - 2000
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERRERA, HUGO S PO BOX 452136 MIAMI FL 33245	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] APRIL 10 - 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #