

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046597

1. Entity Name

CHILEAN FISH & PRODUCE, CO.

R R

FILED
Jul 19, 2000 8:00 am
Secretary of State

05-23-2000 90193 022 ***158.75

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

2. Principal Place of Business 1301 NW. 89 COURT.	3. Mailing Address P.O. BOX 452136
Suite, Apt. #, etc. 207.	Suite, Apt. #, etc.

City & State MIAMI FL.	City & State MIAMI FL
Zip 33142	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

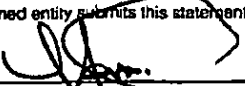
Street Address (P.O. Box Number is Not Acceptable)
1301 NW. 89 COURT. SUITE 207

City
MIAMI

FL

Zip Code
33142

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  HUGO HERRERA

Signature typed or printed (if not registered agent and not applicable) (NOTE: Registered Agent signature required when re-registering)

DATE
APRIL 10 - 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, HUGO S PO BOX 452136 MIAMI FL 33245	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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

DATE
APRIL 10 - 2000

Daytime Phone #

CFE034 (9/99)