

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91352 036 \*\*\*150.00

DOCUMENT # P99000080401

## 1. Entity Name

E &amp; R FRESH SEAFOOD MARKETS, INC.

**DO NOT WRITE IN THIS SPACE**

## 2. Principal Place of Business

1018 NW 10TH AVENUE

Suite, Apt. #, etc.

## 3. Mailing Address

1018 NW 10TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT LAUDERDALE FLCity & State  
FT LAUDERDALE FLZip  
33311Country  
USAZip  
33311Country  
USA4. FEI Number  
65-0948496Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
APRIL M MERRYStreet Address (P.O. Box Number is Not Acceptable)  
2326 S CONGRESS AVE. #2FCity  
WEST PALM BEACH FL Zip Code  
33406

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ALEX ROSARIO PICON 1018 NW 10TH AVENUE FORT LAUDERDALE, FL 33311
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Rosario Picon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/01/02 (954) 764-2898

CR2E034B (12/01)