

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90098 035 ***150.00

A0006166



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000085600

1. Entity Name

SOUTHSEA GOURMET, INC.

Principal Place of Business

Mailing Address

11190 BISCAYNE BLVD.
 MIAMI FL 33181

11190 BISCAYNE BLVD.
 MIAMI FL 33181-3405

2. Principal Place of Business

3. Mailing Address

7001 BONITA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #49

City & State

City & State

MIAMI BEACH

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

FL

33141

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

Name

SILVIA TORTOSA

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

7001 BONITA DRIVE #49

City

MIAMI BEACH

FL

Zip Code

33141

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.

REGISTERED AGENT

SILVIA TORTOSA 7/11/00

(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 ☐ Delete
 NAME PRESIDENT/DIRECTOR
 STREET ADDRESS DAVID A Harper
 CITY-ST-ZIP 7001 BONITA DRIVE #49
 MIAMI BEACH FL 33141

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

TITLE ☐ Delete
 NAME DIRECTOR
 STREET ADDRESS SILVIA TORTOSA
 CITY-ST-ZIP 7001 BONITA DRIVE #49
 MIAMI BEACH FL 33141

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A Harper

Pres

1/11/00

305 981 0201

Date

Daytime Phone #