

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91796 009 ***150.00

DOCUMENT # P99000089832

1. Entity Name

FISH AQUACULTURE, CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9529 SW 154 AVENUE

Suite, Apt. #, etc.

3. Mailing Address
9529 SW 154 AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0953660

Applied For
Not Applicable

Zip
33196

Country
USA

Zip
33196

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **GUTIERREZ JOSE M.**

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

9529 SW 154 AVENUE

City **MIAMI**

FL

Zip Code
33196

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jose Manuel Gutierrez

JOSE MANUEL GUTIERREZ

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASANAS CABO ITALIA 9529 SW 154 AVE MIAMI FL 33196
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PD CASANAS CABO ITALIA

PD CASANAS CABO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)