

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**  
 04-27-2000 90117 037 \*\*\*150.00

**DOCUMENT # P99000100281**

1. Entity Name  
**NORTH BAY BRANDS CORPORATION** R

Principal Place of Business      Mailing Address  
 1362 NE 117TH STREET      1362 NE 117TH STREET  
 MIAMI FL 33161      MIAMI FL 33161

2. Principal Place of Business      3. Mailing Address  
**1362 NE 117th Street**      **1362 NE 117th Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI FL**      **MIAMI FL**  
 Zip      Country      Zip      Country  
**33161.**      **USA**      **33161**      **USA**

4. FEI Number      Applied For  
**651006982**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DOOLEY, ROBERT J**  
**1362 NE 117TH STREET**  
**MIAMI FL 33161**

7. Name and Address of New Registered Agent  
 Name: **Robert J. Dooley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1362 N.E. 117th Street**  
 City: **MIAMI**      State: **FL**      Zip Code: **33161**

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: *Robert J. Dooley*      Date: July 24, 2000.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>DOOLEY, ROBERT J</b>	
STREET ADDRESS <b>1362 NE 117TH STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33161</b>	
TITLE <b>DIRECTOR &amp; SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>SINDONI, REYNOLDS P</b>	
STREET ADDRESS <b>1362 NE 117TH STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33161</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME <b>JOHNSON, THEDFORD</b>	
STREET ADDRESS <b>1362 NE 117TH STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33161</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Robert J. Dooley*      Date: July 24, 2000      Daytime Phone #: 305-895-0093.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Doc # P99000100281  
FAX NO. 678-530-6156

Attachment P990001002-01

05-15-2000. 19241

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-1006982**

OMB No. 1545-0003

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)  
**NORTH BAY BRANDS CORPORATION**

2 Trade name of business (if different from name on line 1) \_\_\_\_\_ 3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (street address) (room, apt., or suite no.)  
**1362 N.E. 117TH STREET**

4b City, state, and ZIP code.  
**MIAMI FLORIDA 33161**

5a Business address (if different from address on lines 4a and 4b) \_\_\_\_\_

5b City, state, and ZIP code \_\_\_\_\_

6 County and state where principal business is located  
**FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ **75-32-8521**  
**Robert John Dooley**

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) \_\_\_\_\_  Estate (SSN of decedent) \_\_\_\_\_

Partnership  Personal service corp. \_\_\_\_\_  Plan administrator (SSN) \_\_\_\_\_

REMIC  National Guard \_\_\_\_\_  Other corporation (specify) ▶ \_\_\_\_\_

State/local government  Farmers' cooperative \_\_\_\_\_  Trust \_\_\_\_\_

Church or church-controlled organization \_\_\_\_\_  Federal government/military \_\_\_\_\_

Other nonprofit organization (specify) ▶ \_\_\_\_\_ (enter GEN if applicable) \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country \_\_\_\_\_

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **INVESTMENTS - FOOD INDUSTRY**

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ \_\_\_\_\_

Purchased going business \_\_\_\_\_

Hired employees (Check the box and see line 12.)  Created a trust (specify type) ▶ \_\_\_\_\_

Created a pension plan (specify type) ▶ \_\_\_\_\_  Other (specify) ▶ \_\_\_\_\_

10 Date business started or acquired (month, day, year) (see instructions) **NOVEMBER 16, 1999** 11 Closing month of accounting year (see instructions) \_\_\_\_\_

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) \_\_\_\_\_

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) Nonagricultural \_\_\_\_\_ Agricultural \_\_\_\_\_ Household \_\_\_\_\_

14 Principal activity (see instructions) ▶ **MANAGEMENT FOR THE SEAFOD INDUSTRY INTERNATIONAL**

15 Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used \_\_\_\_\_

16 To whom are most of the products or services sold? Please check one box.  Business (wholesale)  Public (retail)  Other (specify) ▶ \_\_\_\_\_  N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) \_\_\_\_\_ City and state where filed \_\_\_\_\_ Previous EIN \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  
Business telephone number (include area code) **305 895-0093**  
Fax telephone number (include area code) \_\_\_\_\_

Name and title (Please type or print clearly.) ▶ **Robert John Dooley CHRB/OWNER 305 892-8444**

Signature ▶ **Robert John Dooley** Date ▶ **May 1, 2000**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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