

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90087 034 \*\*\*150.00

DOCUMENT # P99000107463

1. Entity Name

FRICMY SEAFOOD CORP.

Principal Place of Business

Mailing Address

BOX 667743  
FL 33166-9405

P.O. BOX 667743  
MIAMI FL 33166-9405

2. Principal Place of Business

P.O. box 667743

Suite, Apt. #, etc.

3. Mailing Address

P.O. box 667743

Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33166-9405

Country

USA

City & State

Miami, FL

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

CORRAL, RAFAEL ANTONIO  
2742 SW 8 ST  
SUITE 202  
MIAMI FL 33135

4. FEI Number

65-0981597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Rafael A. Corral

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)

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	CORRAL, JORGE ERNESTO	P.O. BOX 667743	MIAMI FL 33166-9405	<input type="checkbox"/>
VP	CORRAL, JORGE ANTONIO	P.O. BOX 667743	MIAMI FL 33166-9405	<input type="checkbox"/>
ST	CORRAL, RAFAEL ANTONIO	P.O. BOX 667743	MIAMI FL 33166-9405	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

5/26/00

Daytime Phone #

305-885-0800

CR2E034 (9/99)