

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90058 012 ***150.00

DOCUMENT # P99000107463

1. Entity Name

FRICMY SEAFOOD CORP.

Principal Place of Business

P.O. BOX 667743
 MIAMI FL 33166-9405

Mailing Address

P.O. BOX 667743
 MIAMI FL 33166-9405

2. Principal Place of Business

1408 Buckell Bay Dr
 Suite, Apt. #, etc.
1118

3. Mailing Address

1408 Buckell Bay Dr #1118
 Suite, Apt. #, etc.
#1118

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0981597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CORRAL Rafael Antonio**
 Street Address (P.O. Box Number is Not Acceptable)
1408 Buckell Bay Dr apt # 1118
 City **Miami** FL Zip Code **33131**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **P**
 STREET ADDRESS **CORRAL, JORGE ERNESTO**
 CITY-ST-ZIP **P.O. BOX 667743**
MIAMI FL 33166-9405

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **CORRAL, JORGE ANTONIO**
 CITY-ST-ZIP **P.O. BOX 667743**
MIAMI FL 33166-9405

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **CORRAL, RAFAEL ANTONIO**
 CITY-ST-ZIP **P.O. BOX 667743**
MIAMI FL 33166-9405

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

305-345-8045
 Daytime Phone #

0510816

CR2E034 (10/00)