

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #

1. Entity Name

999000108589
R & Ryansolidated inter. inc
D.B.A. YARA'S SEAFOOD.



03 MAR 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

36 Arlington Rd. S.
Suite, Apt. #, etc.

Same.

DO NOT WRITE IN THIS SPACE

City & State

City & State

JAX. FL. 32216

4. FEI Number

59-3614730

Applied For

Not Applicable

Zip

Country

Zip

Country

32216

Dural

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rachad Mehfoz.

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

36 Arlington Rd S.

City

JAX

FL

Zip Code

32216

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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

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

(NOTE: Registered Agent signature required when reinstating)

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
D. 36 Arlington Rd S.
JAX. FL. 32216
Robert ASSI

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D. 36 Arlington Rd S.
JAX. FL. 32216
Rachad Mehfoz

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400014309884
03/18/03--01020--006 **150.00

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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:

R. Mehfoz Rachad Mehfoz. 3/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)