

# 2001 UNIFORM BUSINESS REPORT (FUBR)

**FILED**

**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90009 002 \*\*\*150.00

DOCUMENT # **565384**

1. Entity Name

**LOBSTER TRAP FACTORY & SUPPLY INC.**

Principal Place of Business

**MIAMI, FL**

Mailing Address

**1074 NW 22 ST  
MIAMI, FL 33127**

2. Principal Place of Business

**MIAMI**

3. Mailing Address

**1074 NW 22 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI Florida**

4. FEI Number

**65-0269**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

**33127**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUIS RIVERA  
160 E 44 ST  
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

**KOTS**

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 **Luis Rivera Pres**

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

(NOTE: Registered Agent signature required when reinstating)

**6/1/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

**FILE NOW!!**

**After MAY 1, 2001**

**Make Check Payable to:**

**FEE IS \$150.00**

**Fee will be \$550.00**

**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>LUIS RIVERA</b>	
STREET ADDRESS	<b>160 E 44 ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>VICE PRES.</b>	<input type="checkbox"/> Delete
NAME	<b>160 E 44 ST</b>	
STREET ADDRESS	<b>HIALEAH FL 33013</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Luis Rivera**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/1/01 305 V4V-7954**

Date

Daytime Phone #

CR2E034 (11/00)