

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90073 045 ***150.00

DOCUMENT # V37750

1. Entity Name
DELEON FISHERIES INC.

Principal Place of Business
7529 HISPANOLA AVENUE
NORTH BAY VILLAGE FL 33141

Mailing Address
7529 HISPANOLA AVENUE
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0334490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITO, LUIS G
407 LINCOLN ROAD
SUITE 5B
MIAMI BEACH FL 33139

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

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 \$750.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **DELEON, ARSERNIO**
 STREET ADDRESS **7529 HISPANOLA AVENUE**
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Arsenio DeLeon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

DELEON FISHERIES, INC.
7529 HISPANOLA AVENUE
NORTH BAY VILLAGE, FL 33141

Doth 137750
BOU02306

REFERENCE: REINSTATEMENT

AUGUST 14, 2001
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: REINSTATEMENT DEPT.

DEAR DIVISION OF CORPORATIONS:

PLEASE NOTE THAT DELEON FISHERIES MAILED A CHECK FOR \$150.00 ON APRIL 23, 2001. WE WERE UNDER THE IMPRESSION THAT YOUR OFFICE HAD RECEIVED IT. WE HAVE RECENTLY RECEIVED A NOTICE STATING OTHERWISE. WE HAD NO KNOWLEDGE YOU HAD NOT RECEIVED OUR CHECK. PLEASE REVIEW OUR CORPORATION AND INFORM US OF WHAT STEPS WE NEED TO TAKE IF ANY. WE ARE ISSUING A SECOND CHECK PER THE INSTRUCTIONS I WAS GIVEN WHEN I PHONED YOUR OFFICE. PLEASE NOTIFY US AT DELEON FISHERIES, INC. (305) 866-1075. ASK FOR ANASTACIA. YOUR ASSISTANCE WILL BE GREATLY APPRECIATED.

SINCERELY,



DELEON FISHERIES, INC.

AD