

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V67056**

1. Entity Name

B4J SEAFOOD INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13391 MEMORIAL HWY

Suite, Apt. #, etc.

3. Mailing Address

13391 MEMORIAL HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

4. FEI Number

65-0360268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

33161

Country

USA

Zip

33161

Country

USA

7. Name and Address of Current Registered Agent

Name

PEDRO PEREZ

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

445 NE 135th STREET

City

NORTH MIAMI

FL

Zip Code

33161

**DO NOT WRITE
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.

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00**

Amended UBR is \$61.25

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	PEDRO
NAME	PEDRO PEREZ
STREET ADDRESS	445 NE 135th STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/01)