


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91155 034 \*\*\*150.00

**DOCUMENT # P98000067198**

1. Entity Name  
**WAJO SEAFOOD CORP.**



Principal Place of Business  
202 20TH STREET OCEAN  
MARATHON FL 33050

Mailing Address  
5409 O/S HWY 317  
MARATHON FL 33050

2. Principal Place of Business  
**202 20th St Ocean**

3. Mailing Address  
**5409 o/s Hwy**

Suite, Apt. #, etc.  
**# 317**

City & State  
**MTH, FLORIDA**

City & State  
**MTH, Florida**

Zip  
**33050**

Country  
**MONROE**

Zip  
**33050**

Country  
**MONROE**

4. FEI Number **65-0863149**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**YANEZ, OSVALDO**  
**5409 O/S HWY 317**  
**MARATHON FL 33050**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YANEZ, OSVALDO</b> <b>5409 O/S HWY 317</b> <b>MARATHON FL 33050</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **OSVALDO YANEZ** SIGNATURE REQUIRED

Date **5/15/03** Daytime Phone # **305 395-0739**

CR2E034 (10/02)