

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-30-2003 90069 039 \*\*\*150.00  
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DOCUMENT # **P00000056588**

1. Entity Name

**AMMIE'S SEAFOOD BAR & GRILL, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 21 AM 8:00

Principal Place of Business  
148 NW 167 STREET  
NORTH MIAMI FL 33169

Mailing Address  
11659 GRIFFING BLVD  
#4  
BISCAYNE PARK FL 33161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES *MRJ*

City & State

City & State

4. FEI Number **65-1018056**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**ROJAS, AMALIA N**  
11659 GRIFFING BLVD #4  
BISCAYNE PARK FL 33161

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 *X*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 **P**  Delete  
NAME **ROJAS, AMALIA**  
STREET ADDRESS **11659 GRIFFIN BLVD #4**  
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **M**  Delete  
NAME **MACAPAGAL, ANGEL W**  
STREET ADDRESS **11659 GRIFFIN BLVD #4**  
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowers.

SIGNATURE: *X*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/21/03*

Date

*(305) 949-1941  
EXT 7105*

Daytime Phone #

CR2E034 (4/03)

Attachment  
80134422

July 21, 2003

TO WHOM IT MAY CONCERN,

AMMIE'S SEAFOOD BAR & GRILL INC.

DOCUMENT # P0000006588

FBI NUMBER 65-1018056

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Does not received the first <sup>2003</sup> notice  
in regards to the preprinted report  
last January.

THANK YOU!  
Angel Willey Macgregal  
*[Signature]*

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