2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000041179 AQUARIUM LEASING, INC. 05-03-2001 90006 020 ***150.00 Principal Place of Business Mailing Address P.O. BUX 558135 13780 S.W. 56TH ST., #210 MIAMI FL 33175 MIAMI FL 33255 2. Principal Place of Business 3. Mailing Address 6449 SW 28 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State <u>65-1069780</u> Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NICOLELLA, ANTHONY P Street Address (P.O. Box Number is Not Acceptable) 13780 S.W. 56TH ST., #210 **MIAMI FL 33175** 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. ANTHONY & VICOUT SC A SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **∑** Change ☐ Delete TITLE TITLE NAME NAME NICOLELLA, ANTHONY P STREET ADDRESS 6489 SV STREET ADDRESS 13780 S.W. 56TH ST., #210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Addition TITLE TITLE □ Detete NAME NAME NICOLELLA, DAISY STREET ADDRESS STREET ADDRESS -13780 S.W.-56TH ST.,-#210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition Change | Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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. ANTHONY P. NICOCELLA Y 30-0/ Set OR DIRECTOR Y Date Date Daytime Phone

SIGNATURE: