2000 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2000 8:00 am **DOCUMENT # 568909 Secretary of State** THE FISH PEDDLER, INC. 01-24-2000 90041 018 ***150.00 Principal Place of Business Mailing Address 7794 N.W. 44TH STREET 7794 N.W. 44TH STREET SUNRISE FL 33351 SUNRISE FL 33351-6204 VIVUU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1820434 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALKIN, SONYA ESQ Street Address (P.O. Box Number is Not Acceptable) 1776 N PINE ISLAND RD 216 **PLANTATION FL 33322** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE TITLE GELSINO, VALERIE M NAME NAME STREET ADDRESS 7959 NW 51ST COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33351 Change ☐ Addition ☐ Delete TITLE NAME GELSINO, JOSEPH JR. NAME STREET ADDRESS 7959 NW 51ST COURT STREET ADDRESS CITY-ST-ZIP CITY - OT -210 FT. L'AUDERDALE FL 33351 ☐ Delete ☐ Change ☐ Addition TITLE NAME GELSINO, JOSEPH V STREET ADDRESS 7959 NW 51ST COURT STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33351 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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13. I hereby certify that the information supplied with this filling 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 life empowered.

SIGNATURE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #