2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am **DOGUMENT # 573212 Secretary of State** ATLANTIC FISH SEAFOOD CORP. 03-19-2001 90499 028 ***158.75 Principal Place of Business Mailing Address 972 EAST 30TH STREET HIALEAH FL 33013-3427 731472 5052 NW 7444 AVENUE Miani, PC 33166 Principal Place of Business 3. Mailing Address 5052 NW SAME Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1876961 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERG10 RODRIGUEZ, OSCAR A Street Address (P.O. Box Number is Not Acceptable) 1555 S.W. 142ND AVE. MIAMI FL 33184 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 (NOTE: Registered Agent signature required when reinstating) ent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** CR2E034 (10/00) TIT! F Delete TITLE ☐ Change RODRIGUEZ, OSCAR A NAME NAME 133 40 SW 90 TRR UNITA NIAMI, FL 33186 STREET ADDRESS STREET ADDRESS 1555 S.W. 142ND AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** TITLE ☐ Delete TITLE Change Addition 120 SERGIO UNITA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 like empowered. SIGNATURE: __

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR