2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

\mathtt{FILED} DOCUMENT # 714992 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name SOUTH FLORIDA AQUARIUM SOCIETY, INC. 04-07-2000 90040 022 ****61.25 Principal Place of Business Mailing Address 26 NW 3 AVENUE 26 NW 3 AVENUE HALLANDALE FL 33009-4137 HALLANDALE FL 32009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0166553 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GINSBERG, LARRY 9121 SW 181 TERR **MIAMI FL 33157** City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME PARKER, EDWARD NAME STREET ADDRESS STREET ADDRESS 26 NW 3 AVENUE CITY-ST-ZIP CITY-ST-ZIF HALLANDALE FL 33009 Delete TITLE TITLE ☐ Addition MUNOZ. PAUL A. NAME ESPINOSA, MARCO A NAME 259 35 5W 123 AVE. STREET ADDRESS STREET ADDRESS 7955 SW 17 STREET CITY-ST-ZIF ト*FL 3*3033 CITY-ST-ZIP **MIAMI FL 33155** - Change - [=] Addition TITLE SD Delêtê TITLE NAME NAME SOLIS, MANUEL STREET ADDRESS STREET ADDRESS 6202 SW 42ND ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Delete BINSberg, LARRY H. Change ☐ Addition TITLE TITLE VERNON, ANGELA NAME NAME 9121 SW 181 TERR. STREET ADDRESS STREET ADDRESS 12465 SW 143 LANE 33157 MAMI CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Change Addition Delete TITLE NAME GINSBERG, BARBARA NAME STREET ADDRESS STREET ADDRESS 9121 SW 181 TERR. CITY-ST-712 CITY-ST-ZIP MIAMI FL 33157 TITLE ☐ Delete TITLE ☐ Change Addition LLORET, RAMON NAME NAME STREET ADDRESS STREET ADDRESS 1820 SW 99 COURT CITY-ST-ZIP **MIAMI FL 33165** 12. 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 trusted empowered to execute the corporation or the receiver or trusted empowered to execute the corporation or the receiver or trusted empowered to execute the corporation or the receiver or trusted empowered to execute the corporation of the corporation or the receiver or trusted empowered to execute the corporation of the corporation of the corporation or the receiver or trusted empowered to execute the corporation of the corporati