2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F9500001275 1. Entity Name **EASTERN FISH COMPANY** 04-30-2001 90046 036 ***150.00 Principal Place of Business Mailing Address GLENPOITE CENTRE EAST GLENPOITE CENTRE EAST 300 FRANK W. BURR BLVD. 300 FRANK W. BURR BLVD. TEANECK NJ 07666 TEANECK NJ 07666 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-2795817 Not Applicable Zip Country 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 Name KOTZEN, JAY L Street Address (P.O. Box Number is Not Acceptable) 2040 NE 163RD ST. #301 NORTH MIAMI BEACH FL 33162 City 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. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CEO TITLE Delete TITLE ☐ Change Addition **BLOOM, WILLIAM** NAME NAME STREET ADDRESS STREET ADDRESS 800 PALISADES AVE. CITY-S1-7IP CITY-ST-ZIP FT. LEE NJ TITLE CST ☐ Delete TITLE Change ☐ Addition BLOOM, CHARNA NAME NAME STREET ADDRESS 800 PALISADES AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LEE NJ 07024 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BLOOM, ERIC NAME STREET ADDRESS 208 PATRIOT LANE STREET ADDRESS CITY-ST-ZIP RIVERDALE NJ CITY - ST- ZIP ☐ Delete TITLE TITLE [] Addition BLOOM, LEE NAME NAME STREET ADDRESS 10 SUTTON PLACE STREET ADDRESS CITY-ST-ZIP ENGLEWOOD NJ CITY-ST-ZIP Addition ☐ Delete TITLE TITLE ☐ Change BLOOM, RONNA NAME NAME STREET ADDRESS 800 PALISADES AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LEE NJ TITLE ☐ Defete TITLE ☐ Change Addition NAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/0/ Date (201) SC1-0300

CR2E034 (10/00)