2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # K17237** 1. Entity Name OCEAN GOURMET PRODUCTS, INC. 04-18-2000 90174 028 ***150.00 Mailing Address Principal Place of Business 1951 NW 22 STREET 1951 NW 22 STREET FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-2938 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0934141 Not Applicable Country \$8.75 Additional αiΣ 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 WU. SHIH TZA Street Address (P.O. Box Number is Not Acceptable) 1951 NW 22 ST FT LAUDERDALE FL 33311 Zip Code City 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Change ☐ Addition PD TITLE ☐ Delete MARAF WU, SHIH TZA STREET ADDRESS STREET ADDRESS 1951 NW 22 STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE BUCHER, JOHN C. NAME NAME STREET ADDRESS STREET ADDRESS 1951 NW 22 STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Addition Change STD Delete TITLE WU, TSAI HUI HSU NAME NAME STREET ADDRESS STREET ADDRESS 1951 NW 22 STREET CiTY-ST-ZIP CITY-ST-ZIP FT. LAUDERALE FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

SHIH TZA WU 4-11-00 (954)484-7500

FILED