2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am DOCUMENT # M24048 1. Entity Name Secretary of State THE LORD OF SHRIMP CORP. 01-19-2000 90310 001 ***150 00 Principal Place of Business Mailing Address P.O. BOX 652441 8811 SW 54 TERR MIAMI FL 33165 MIAMI FL 33265-2441 D0004600 2. Principal Place of Business 3. Mailing Address 4199-SW-136AVE 1199-SW -136ave Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2604572 Not Applicable MIAMI മ്പക്ന Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE JESUS ROBLA, JULIO Street Address (P.O. Box Number is Not Acceptable) 8811 SW 54 TERR MIAMI,, FL FL 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 Tax filling 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 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE DE JESUS ROBLA, JULIO NAME NAME 8811 SW 54 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL SD Delete TITLE Change Addition TITLE ROBLA: TANIA NAME STREET ADDRESS 8811 SW 54 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (SECRETARY) 18 00 (805) 485-4030