FROM : SUPER-SHINE EXPRESS FAX NO. : 305 378 1766

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90065 049 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033198

1. Entity Name

AQUARIUM CONCEPTS OF SOUTH MIAMI, INC.

Principal Place of Business	Mailing Address
12733 S. Dixie Hwy Miami, FL 33156	12733 S. Dixie Hwy MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650980969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: MUNIQUE HICKS Street Address (P.O. Box Number is Not Acceptable): 6701 SW 116 ct #401 City: MIAMI FL Zip Code: 33173

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's signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID ZBIK 9720 SW 147 ST. MIAMI FL 33176 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JULIO JELVES 6701 SW 116 CT #401 MIAMI FL 33173 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROBERT ZALDIVAR 14945 SW 168 TERRACE MIAMI FL 33187 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MUNIQUE HICKS 6701 SW 116 CT #401 MIAMI FL 33173 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CARLOS VALLABRIGA 14845 SW 168 Terrace MIAMI FL 33187 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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.

SIGNATURE: Munique Hicks 07/08/01 305-298-6911
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)