2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90006 020 ***150.00

DOCUMENT # P00000041179

1. Entity Name
AQUARIUM LEASING, INC.

Principal Place of Business	Mailing Address
13780 S.W. 56TH ST., #210 MIAMI FL 33175	P.O. BOX 558135 MIAMI FL 33255

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6449 SW 28 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State:
Zip: 33155 — Country: USA	Zip: — Country:

4. FEI Number: 65-1069780 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

NICOLELLA, ANTHONY P
13780 S.W. 56TH ST., #210
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 6449 SW 28 ST.
City: MIAMI **FL** Zip Code: 33155

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] PRES ANTHONY P. NICOLELLA DATE: 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	P NICOLELLA, ANTHONY P 13780 S.W. 56TH ST., #210 MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6449 SW 28 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICOLELLA, DAISY 13780 S.W. 56TH ST., #210 MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6449 SW 28 ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] PRES ANTHONY P. NICOLELLA 4-30-01 305-803-4867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)