FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND T

SIGNATURE:

Mar 28, 2001 8:00 am DOCUMENT # P0000042726 **Secretary of State** BISCAYNE BAY ASSOCIATED SHRIMPERS, INC. 03-28-2001 90072 035 ***150.00 Principal Place of Business Mailing Address 3315 S.W. 91ST AVENUE 3315 S.W. 91ST AVENUE MIAMI FL 33165 MIAM! FL 33165 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 Not Applicable Zip Country Zip 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 LOPEZ, JESUS Street-Address (P.O., Box: Number is, Not Acceptable) 3315 S.W. 91ST AVENUE MIAMI FL 33165 Zip Code City Fl 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) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 -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. CR2E034 (10/00) ☐ Change ☐ Addition THLE ☐ Delete TITLE HERRERA, MANUEL NAME NAME 2820 S.W. 7 AVENUE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Change Delete TITLE ☐ Addition TITLE LOPEZ, JESUS NAME NAME 3315 S.W. 91 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33129** CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE GORDILLO, JORGE NAME NAME STREET ADDRESS 10346 N.W. 29 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP TILE Delete TITLE Change Addition PEREZ, ARMANDO NAME 3633 S.W. 87 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition 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 if

GNING OFFICER OR DIRECTOR