

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90073 012 \*\*\*150.00

0146174

**DOCUMENT # P00000104111**

1. Entity Name  
**A FISH, A FROG AND A CRAB, INC.**

Principal Place of Business 782 NW LE JEUNE ROAD SUITE 632 MIAMI FL 33126	Mailing Address 782 NW LE JEUNE ROAD SUITE 632 MIAMI FL 33126
--	--

**622140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FERNANDEZ, ELOY A</b> 782 NW LE JEUNE ROAD SUITE 632 MIAMI FL 33126				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

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	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/ SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, ELOY A		NAME	CHRISTINA PASCUAL COLON	
STREET ADDRESS	782 NW LE JEUNE ROAD SUITE 632		STREET ADDRESS	2 MILTON ROAD	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	BABYLON, NEW YORK 11702	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CARMEN PASCUAL JUSTO	
STREET ADDRESS			STREET ADDRESS	2 MILTON ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	BABYLON, NEW YORK 11702	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HECTOR F. COLON DIAZ	
STREET ADDRESS			STREET ADDRESS	2 MILTON ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	BABYLON, NEW YORK 11702	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHRISTINA PASCUAL COLON - PRESIDENT** FEBRUARY 5, 2001 (631)893-0024

*Christina Pascual Colon Pres.*

CR2E034 (10/00)