

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90187 030 \*\*\*158.75

**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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SUITE 632	3. Mailing Address <b>P.O. Box 132</b>
Suite, Apt., #, etc.	Suite, Apt., #, etc.
City & State	City & State <b>Babylon N.Y.</b>
Zip Country	Zip Country <b>11702-0132 USA</b>

4. FEI Number <b>651060431</b>	APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, ELOY A**  
**782 NW LE JEUNE ROAD**  
**SUITE 632**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PASCUAL COLON, CHRISTINA 2 MILTON ROAD BABYLON NY 11702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASCUAL JUSTO, CARMEN 2 MILTON ROAD BABYLON NY 11702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLON DIAZ, HECTOR F 2 MILTON ROAD BABYLON NY 11702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Christine Pascual Colon* **Christine Pascual Colon** 7-9-02 631-893 0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
#P00000104117  
170268

**A FISH, A FROG, & A CRAB INC.**

750 SW 7<sup>TH</sup> ST. MIAMI, FLORIDA 33130  
PO BOX 132, BABYLON, NEW YORK 11702-0132

July 10, 2002

To whom it may concern,

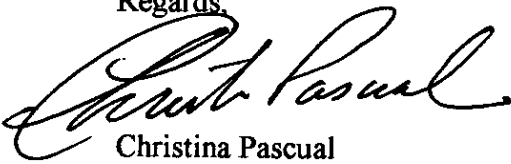
---

On July 9 2002 I received my first Uniform Business Report 2002 to file.

I have changed the mailing address on the form so this will not happen again.

Enclosed is a check for \$158.75 for the filling of the report.

Regards,



Christina Pascual  
President  
(631) 893-0024