2001 UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State DOCUMENT # P95000070991 RIZO AND SON SEA FOOD INC. 05-01-2001 90090 018 ***150.00 Principal Place of Business Mailing Address 13410 S.W. 50TH STREET 13410 S.W. 50TH STREET MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Apolied For City & State 4. FEI Number City & State 65-0608735 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIZO, EMILIO JR Street Address (P.O. Box Number is Not Acceptable) 13410 S.W.50TH STREET **MIAMI FL 33175** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition THE Deiete TITLE RIZO, EMILIO JR NAME NAME STREET ADDRESS 13410 S.W. 50TH STREET STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP **MIAMI FL 33175** Change Addition SD Delete TITLE 11718 RIZO, EMILIO SR NAME NAME STREET ADDRESS. STREET ADDRESS 13410 SW 50TH STREET CiTY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change [] Addition ☐ Delete 90.6 NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP ☐ Chance Addition ☐ Defete Title: NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition T-TI C De:ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition □ Delete TITLE THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicated on this report or supplemental people is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truetee empowers to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 11 or Block 12 if

FILED

EMILIO RIZE TR

YPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE: