

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

Pg. 1 of 2

DOCUMENT # P95000089809

1. Entity Name
ALTRIX SEAFOOD, INC.

00 JUN -8 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 210 MONTEZUMA SUITE 210 SANTA FE NM 97501 US	Mailing Address 210 MMONTEZUMA SUITE 200 SANTA FE NM 87501-2681 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0627066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMES, STUART
2200 MUSEUM TOWER
1500 WEST FLAGLER STREET
MIAMI FL 33130**

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.

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 \$150.00
After MAY 1, 2000 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	PD THAGGARD, JOE 96 DOWG ARROW SANTA FE NM 87501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THAGGARD, MERCEDES H 96 DOWG ARROW SANTA FE NM 87501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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-06/15/00--01060--020
***150.00**

[Handwritten Signature]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/00 **505 988833**
Date Daytime Phone #



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May 31, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32399

Dear Sir or Madam:

Attached are the Uniform Business Reports for our two companies:

Altrix Seafood, Inc. and,

Altrix International Inc.

Somehow, I did not receive these report forms until just a week or two ago. My secretary placed the reports on my desk and I did not think to ask her to check the envelope for the postage mark so I have no explanation as to how it was that they arrived late.

In any case, we are hopeful that you will accept these reports without the penalty charge. I have marked my notebook so that this lateness will not occur in the future.

Thank you very much.

Anthony Tucker
Controller

Cc Joe Thaggard