

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



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 210 MONTEZUMA SUITE 210 SANTA FE NM 97501 US | 210 MONTEZUMA SUITE 200 SANTA FE NM 87501-2681 US |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 |
| | | 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 _____ (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, 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 | |
|----------------------------|-------------------------------------|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | THAGGARD, JOE |
| STREET ADDRESS | 96 DOWG ARROW |
| CITY-ST-ZIP | SANTA FE NM 87501 |
| TITLE | VSD <input type="checkbox"/> Delete |
| NAME | THAGGARD, MERCEDES H |
| STREET ADDRESS | 96 DOWG ARROW |
| CITY-ST-ZIP | SANTA FE NM 87501 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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-06/15/00--01060--020
****150.00 ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/00

Date

505 988833

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