

2002 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 29, 2002 8:00 am
Secretary of State

04-26-2002 90014 025 ***150.00

DOCUMENT # P97000015427

1. Entity Name

CARIB FISH AND INVERTS, INC.

Principal Place of Business

1441 SW 30TH #26
 POMPONO BEACH FL 33069

Mailing Address

10001 N.W. 50TH ST
 #204
 SUNRISE FL 33351

U I T O N



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0728675

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASS, DANIEL G~~

~~10001 N.W. 50TH ST~~

~~#204~~

~~SUNRISE FL 33351~~

Name **BRUCE E PRESTIN**

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

2700 NW 62ND ST

Suite C111

City **FT LAUDERDALE**

FL

Zip Code **33309**

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

Signature, typed or printed name of registered agent and title if applicable

BRUCE E. PRESTIN

(NOTE: Registered Agent signature required when reinstating)

5/20/02

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, 2002 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 ☐ Delete
 NAME **P BLOECKER, W**
 STREET ADDRESS **10001 NW 50TH ST**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☒ Change ☐ Addition
 NAME **1441 SW 30th Ave #26**
 STREET ADDRESS **Pompano Beach FL 33069**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T MALIN, D**
 STREET ADDRESS **10001 NW 50TH ST**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☒ Change ☐ Addition
 NAME **1441 SW 30th Ave #26**
 STREET ADDRESS **Pompano Beach FL 33069**
 CITY-ST-ZIP

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 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:

WALTER R BLOECKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER R BLOECKER, Pres. 4/15/02

Date

954978-3061

CR2E034 (9/01)