2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90094 049 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000082589**

1. Entity Name
AMERICAN FISHING TACKLE, INC.

Principal Place of Business	Mailing Address
5112 NORTHWEST 79TH AVENUE UNIT 304 MIAMI FL 33166	5112 NORTHWEST 79TH AVENUE UNIT 304 MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
10464 N.W. 5 TERR.	10464 N.W. 5 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33172 Country:	Zip: 33172 Country:

4. FEI Number 65-0787645 ☐ 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
~~FABRE, CLAUDE A~~ 5112 NW 79 AVE STE 304 MIAMI FL 33166	Name: CLAUDE A. FABRE Street Address (P.O. Box Number is Not Acceptable): 10464 N.W. 5 TERR City: MIAMI **FL** Zip Code: 33172

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LEON, ADRIANA L 5112 NORTHWEST 79TH AVENUE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FABRE, CLAUDE A 5112 NORTHWEST 79TH AVENUE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED [signature] 4/29/02 305-271-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #