## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P97000101798 1. Entity Name AMAZING AQUARIUMS, INC. 05-16-2000 90127 028 \*\*\*150.00 Principal Place of Business Mailing Address 13385 NW 8TH TERR 13385 NW 8TH TERR MIAMI FL 33182-2202 MIAMI FL 33182 2. Principal Place of Business 3. Mailing Address 8343 SW 40 STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0804746 Not Applicable MIAMI, FL Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 33155≂ ~USA~~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IZQUIERDO, OSCAR Street Address (P.O. Box Number is Not Acceptable) 13385 NW 8TH TERR MIAMI FL 33182 City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) PSD ☐ Delete ☐ Change ☐ Addition TITLE NAME IZQUIERDO, OSCAR NAME 13385 NW 8TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 ☐ Change ■ Addition ٧D ☐ Delete TITLE TITLE CRUZ, JOSE A NAME NAME 6530 SW 16TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

President Oweres SIGNATURE: SIGNING OFFICER OF DIRECTOR

13. I hereby certify that the information supplied with this filling 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 trostee 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