2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT #1P98000028709 May 16, 2000 8:00 am Secretary of State 1. Entity Name OCEAN MARKET, INC. 05-16-2000 90155 019 ***150.00 Mailing Address Principal Place of Business 1424 ALTON ROAD 1424 ALTON ROAD MIAMI BEACH FL 33139-3814 MIAMI BEACH FL 33139 2. Principal Piace of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0823166 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUCHBAUM, ERIKA Street Address (P.O. Box Number is Not Acceptable) 1424 ALTON ROAD MIAMI BEACH FL 33139 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it 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. <u>11.</u> **PVST** ☐ Addition ☐ Change ☐ Delete TITLE Tuchbaum, Erika NAME NAME 1424 ALTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE TUCHBAUM, ERIKA NAME NAME 1424 ALTON ROAD STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE MARTIN TUCHBOUM 1770 NE 14757. MIOMI, FL. 33/81 NAME 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 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this fitting 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 state 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 trusted empowered to execute this proof 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 enountered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | Dayling Phone #

CR2F034 (9/99)