Apr-14-00 02:07P David Hernandez

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90113 039 ***150.00

DOCUMENT # P 98000045122

1. Entity Name
AQUARIUMS BY THE SEA, INC.

Principal Place of Business
892 - NE 41 ST PLACE
POMPANO BEACH, FL
33064

Mailing Address
2408 - N.W 91 ST AVE.
CORAL SPRINGS, FL
33065

00000200

2. Principal Place of Business

3. Mailing Address
210 - N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc
502

City & State

City & State
CORAL SPRINGS, FL

Zip | Country

Zip
33071

Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0837605

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional

6. Name and Address of Current Registered Agent
D'ALESSIO, JANET
2408 - N.W. 91 ST AVE
CORAL SPRINGS, FL 33065

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 _____ DATE
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when one is listed)

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 P NAME D'ALESSIO, JANET STREET ADDRESS 2408 - N.W 91 ST AVE. CITY-ST-ZIP CORAL SPRINGS, FL 33065	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 changed, or on an attachment with an address with a title like empowered.

SIGNATURE: X _____ DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR