

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90159 001 \*\*\*300.00

**DOCUMENT # P98000052813**

1. Entity Name

**BROWARD FISH FARMS, INC.**

Principal Place of Business

Mailing Address

~~4846 N UNIVERSITY DR.  
 STE. 138  
 LAUDERHILL FL 33351~~

~~4846 N UNIVERSITY DR.  
 STE. 138  
 LAUDERHILL FL 33351 4510~~

2. Principal Place of Business

**14545 J MILITARY TRAIL**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**# 167**

Suite, Apt. #, etc.

**"**

City & State

**DELRAY BEACH FL**

City & State

**"**

Zip

**33484**

Country

Zip

**"**

Country

4. FEI Number

**65-0908439**

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

**CHERCH, XAVIER T**

~~4846 NO. UNIVERSITY DR.  
 LAUDERHILL FL 33351~~

Name

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

**14545 J MILITARY TRAIL # 167**

City

**DELRAY BEACH**

FL

Zip Code

**33484**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/13/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D**  
**CHERCH, XAVIER T**  
 STREET ADDRESS ~~4846 NO. UNIVERSITY DR., #138~~  
 CITY-ST-ZIP ~~LAUDERHILL FL 33351~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **14545 J MILITARY TRAIL # 167**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE  Delete  
 NAME **D**  
**PAPADOYIANIS, ERNEST**  
 STREET ADDRESS ~~324 NE 24TH ST~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33431~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **14545 J MILITARY TRAIL # 167**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/13/00 561-678-5974**

CR2E034 (9/99)