2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000069017 1. Entity Name AQUACULTURE SPECIALTIES, INC. 03-20-2000 90054 035 ***150.00 Mailing Address Principal Place of Business 4846 N LINIVERSITY DR 4846 N UNIVERSITY OR STE 138-STE-130- $\bigcirc \sim \sigma \circ \sigma \circ \sigma$ LAUDERHILL PL 33351-4510 LAUDERHILL FL 33351 3. Mailing Address 2. Principal Place of Business SAME 1545 J'HILITARU Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0873618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name CHERCH, XAVIER T Street Address (P.O. Box Number is Not Acceptable) 4846 N UNIVERSITY DR -> STE 138 __ LAUDERHILL FL 33351 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition ☐ Delete TITLE CHERCH, XAVIER T NAME NAME <u>4</u> 14545J MILITARY TRAIL #167 4846 N UNIVERSITY DR STE 138 STREET ADDRESS STREET ADDRESS DELRAY BEACH, PL 33484 Addition CITY-ST-ZIP LAUDERHILL FL 33354 CITY-ST-ZIP ☐ Delete TITLE TITLE PAPADOYIANIS, ERNEST D NAME NAME 14545 J MILITARY TRAIL #167 4846 N LINIVERSITY DR STE 138-STREET ADDRESS STREET ADDRESS LAUDERHILL FL 93354 CITY-ST-7IP CITY-ST-ZIE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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-7IP 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.

TT.CE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/13/00 161-631 1874