2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P98000086227 1. Entity Name FLORIDA'S FINEST SEAFOOD COMPANY 04-25-2000 90141 049 ***150.00 Mailing Address Principal Place of Business 1643 NE 14TH AVE 1643 NE 14TH AVE FT LAUDERDALE FL 33305-3312 FT LAUDERDALE FL 33305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0869692 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRANET, LLOYD ESQ. Street Address (P.O. Box Number is Not Acceptable) 1900 NW CORPORATE BLVD. SUITE 100, WEST BUILDING **BOCA RATON FL 33431** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Defete TITLE JAFFY, TODD NAME NAME STREET ADDRESS STREET ADDRESS 1643 NE 14TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33305 ☐ Change ☐ Delete TITLE ☐ Addition TITLE JAFFY, GREGG NAME NAME 1643 NE 14TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33305 _ _ 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 ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 v

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2F034 (9/99)