2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000029352** Apr 19, 2000 8:00 am Secretary of State UNITED OCEAN PRODUCTS, INC. 04-19-2000 90045 017 ***150.00 Mailing Address Principal Place of Business 5034 NORTH HIATUS ROAD 5034 NORTH HIATUS ROAD SUNRISE FL 33351-8017 SUNRISE FL 33351 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0910562 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROOKING, RICHARD K Street Address (P.O. Box Number is Not Acceptable) **5034 NORTH HIATUS ROAD** SUNRISE FL 33351 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 \$5.00 May Be 10. Election Campaign Financing 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. 11. ☐ Change Addition ☐ Delete TITLE TITLE **BLONDIN, LUIS** NAME NAME STREET ADDRESS STREET ADDRESS **5034 NORTH HIATUS ROAD** CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ■ Addition ☐ Change ☐ Delete TITLE TITLE **BROOKING, RICHARD** NAME STREET ADDRESS STREET ADDRESS **5034 NORTH HIATUS ROAD** CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete TITLE 🔲 Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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:

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