## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P99000029352 UNITED OCEAN PRODUCTS, INC. 05-10-2001 90060 026 \*\*\*150.00 Principal Place of Business Mailing Address 5034 NORTH HIATUS ROAD 5034 NORTH HIATUS ROAD SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 19728/30 NW 53 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0910562 Not Applicable Country-\$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 Agen KICHARD BROOKING, RICHARD K **5034 NORTH HIATUS ROAD** SUNRISE FL 33351 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. KICHMED K. BROOKIWS gent 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Addition **BLONDIN. LUIS** BIONDIN, WIS NAME NAME 10728/80 NW 53 12 ST. STREET ADDRESS **5034 NORTH HIATUS ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33351 SUNRISE, FL 33351 ☐ Delete ☐ Addition TITLE \_\_\_Change BROOKING, RICHARD K 10728/30 NW 53735T. **BROOKING, RICHARD** NAME NAME STREET ADDRESS **5034 NORTH HIATUS ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP SUNRISE FL 33351 SUNRIBE, FL 33351 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/E CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME

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 lastee 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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BROOKIUSE 04-21-01 954-572-0510

ECTOR Date Daytime Phone #