2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000093674** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** SHELL POINT SEAFOOD COMPANY, INC. 03-04-2000 90009 026 ***150.00 Principal Place of Business Mailing Address 4351 SW 34 LANE 4351 SW 34 LANE DANIA BEACH FL 33312-5556 DANIA BEACH FL 33312 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Zip 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 Agent Name DICARLO, DINO Street Address (P.O. Box Number is Not Acceptable) 4351 SW 34 LANE DANIA BEACH FL 33312 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE P₃ D Change Addition ☐ Delete TITLE arlo Reale NAME NAME er Isle Blud #101 STREET ADDRESS STREET ADDRESS FL 33009 CITY-ST-ZIP CITY-ST-ZIP X Addition TITLE □ Delete NAME asoph Diruca NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Addition Delete -TITLE Dino Dicarlo NAME STREET ADDRESS 4351 SW 34 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 TITLE Change Addition TITLE NAME 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

(954) 557-3645

Change

☐ Addition