2000 UNIFORM BUSINESS REPORT (UBR)

07-07-2000 90403 031 ***150.00
FILED P99000102503
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 1:51

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000102503

1. Entity Name
CORAL REEF AQUARIUMS, INC.

Principal Place of Business	Mailing Address
12720 CARTE DRIVE TAMPA FL 33618	12720 CARTE DRIVE TAMPA FL 33618

2. Principal Place of Business	3. Mailing Address
8312 W. Waters Ave	
Suite, Apt. #, etc. #10	Suite, Apt. #, etc.
City & State Tampa FL	City & State
Zip 33604 Country USA	Zip Country

4. FEI Number 59-3609558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALIMUDDIN, DEAN G
12720 CARTE DRIVE
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name Alimuddin, Dena G.
Street Address (P.O. Box Number Is Not Acceptable) 12720 Carte Dr
City Tampa FL Zip Code 33618

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] 6/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALIMUDDIN, LINARDI L 12720 CARTE DRIVE TAMPA FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: [signature] 6/28/00 813-915-8626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #