

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063437

1. Entity Name
TSI AQUATICS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90200 004 ***150.00

Principal Place of Business
5821 SW 5TH TERRACE
MIAMI FL 33144

Mailing Address
5821 SW 5TH TERRACE
MIAMI FL 33144-3907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		NOT APPLICABLE		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country						

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENTI, ANTONIO
5821 SW 5TH TERRACE
MIAMI FL 33144

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENTI, ANTONIO 5821 SW 5TH TERRACE MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Antonio Senti **ANTONIO SENTI** 3/28/2000 954 243 6736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)