

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

MPC116R AV

DOCUMENT # **486195**

1. Entity Name
AQUALIFE RESEARCH CORP.



FILED

03 SEP -5 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
700 SW 34TH STREET
FT. LAUDERDALE FL 33315

Mailing Address
700 SW 34TH STREET
FT. LAUDERDALE FL 33315

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1625103**

Applied For
 Not Applicable

5. Certificate of Status Desired --\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELCH, ANDREW
C/O WALKER'S ISLAND SERVICES, INC.
700 S.W. 34TH STREET
FORT LAUDERDALE FL 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **ABPLANALP, ROBERT H**
STREET ADDRESS **700 NEPPERHAN AVE**
CITY-ST-ZIP **YONKERS NY 10703**

Change Addition
400022789494
09/05/03--01031--006 **558.75

TITLE **DV** Delete
NAME **ABPLANALP, JOHN P**
STREET ADDRESS **700 NEPPERHAN AVE**
CITY-ST-ZIP **YONKERS NY-10703**

Change Addition

TITLE **SD** Delete
NAME **GRIFFIN, WILLIAM E**
STREET ADDRESS **51 PONDFIELD ROAD**
CITY-ST-ZIP **BRONXVILLE NY 10708**

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Change Addition
NAME **MARIANI, ALBERT JR.**
STREET ADDRESS **700 NEPPERHAN AVE**
CITY-ST-ZIP **YONKERS, NY 10703**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/03
Date

Daytime Phone #

CR2ED34 (4/03)

10/1