

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A93000000065**

1. Entity Name
H2O PARTNERS, LIMITED

Principal Place of Business
**1061 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311**

Mailing Address
**1061 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311-1600**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 10 PM 5:43



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

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

City & State
City & State

Zip
Country

4. FEI Number **65-0391405**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MILLER, MARK
1937 SE 15TH COURT
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$150,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K76276	STREET ADDRESS			
NAME	H2O ENVIRONMENTAL, INC.	CITY - ST - ZIP			
STREET ADDRESS	1061 W. OAKLAND PK BLVD.				
CITY - ST - ZIP	FORT LAUDERDALE FL 33309				
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **4/6/2000** **(954) 565-7650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)