

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000364 AF

DOCUMENT # L00000003380

1. Entity Name

WELL WATER, L.L.C.

FILED

01 FEB 21 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1460 BRICKELL AVENUE, SUITE 212  
MIAMI FL 33131

Mailing Address

1460 BRICKELL AVENUE, SUITE 212  
MIAMI FL 33131

2. Principal Place of Business

8239 NW 68th Street

Suite, Apt. #, etc.

3. Mailing Address

8239 NW 68th Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33166

Country

Miami-Dade

City & State

Miami Florida

Zip

33166

Country

Miami-Dade

4. FEI Number

65-1007014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOLOBEL, MICHAEL

1460 BRICKELL AVENUE, SUITE 212

MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL CHOLOBEL 2/14/2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM FALICA, GIUSEPPE ☐ Delete  
STREET ADDRESS 2811 INDIAN CREEK DRIVE, APT. B  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE NAME MGRM PRESTIPINO, GIORGIO ☐ Delete  
STREET ADDRESS 16400 COLLINS AVENUE, APT. 2645  
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003769210--0  
CITY-ST-ZIP -02/27/01--01020--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

GIUSEPPE FALICA, MANAGING MEMBER 2/13/01

CR2E083 (11/00)