

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90194 022 \*\*\*\*50.00

**DOCUMENT #** L00000003380

1. Entity Name

WELL WATER, L.L.C.

Principal Place of Business

Mailing Address

17707 NW Miami CT Drive  
 Miami, FL 33169

17707 NW Miami CT Drive  
 Miami, FL 33169

2. Principal Place of Business

17707 NW Miami CT Drive

Suite, Apt. #, etc.

3. Mailing Address

17707 NW Miami CT Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65 1007014

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael Cholobel  
 1460 Brickell Ave., Suite 212  
 Miami, FL 33131

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

04/18/02

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Manager ☐ Delete  
 NAME Fallica Giuseppe  
 STREET ADDRESS 2811 Indian Creek Drive, Apt.B  
 CITY-ST-ZIP Miami Beach, FL 33140

TITLE MANAGER ☒ Change ☐ Addition  
 NAME FALLICA GIUSEPPE  
 STREET ADDRESS 20225 N.E. 34 CT #516  
 CITY-ST-ZIP AVENTURA, FL 33180

TITLE Manager ☐ Delete  
 NAME Prestipino Giorgio  
 STREET ADDRESS 16400 Collins Ave., Apt.2645  
 CITY-ST-ZIP Miami Beach, FL 33160

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Giuseppe Fallica*

Giuseppe Fallica

04/18/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)