

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90011 045 ****50.00

DOCUMENT # L01000013315

1. Entity Name
AQUARIUS SOFTWARE, LLC

Principal Place of Business
**853 NW 110TH TERRACE
 PLANTATION FL 33324**

Mailing Address
**853 NW 110TH TERRACE
 PLANTATION FL 33324**

2. Principal Place of Business
965 North Nob Hill
 Suite, Apt. #, etc.
Road #303
 City & State
Plantation FL
 Zip
33324 Country
USA

3. Mailing Address
965 North Nob Hill
 Suite, Apt. #, etc.
Road #303
 City & State
Plantation FL
 Zip
33324 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1132276

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
GREENBERG, JEFFREY P
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carlos A. Rios Millan 965 North Nob Hill Rd #303 Plantation FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

04/12/02

Date

(954) 475-9272

Daytime Phone #

CR2E083 (9/01)