

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000005659

1. Entity Name
AQUARIUS COMMUNICATIONS, L.L.C.

FILED

01 APR 26 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
999 BRICKELL AVENUE, SUITE 700
MIAMI FL 33131

Mailing Address
999 BRICKELL AVENUE, SUITE 700
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
2301 SW 59 Ave
Suite, Apt. #, etc.

3. Mailing Address
2301 SW 59 Ave
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0947419

Applied For
Not Applicable

Zip Country
33155 US

Zip Country
33155 US

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

MARIA DE PILAR SILVA VASQUEZ
999 BRICKELL AVENUE, SUITE 700
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
GUTIERREZ, GERMAN
STREET ADDRESS 999 BRICKELL AVENUE, SUITE 700
CITY-ST-ZIP MIAMI FL 33131

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)