

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90189 002 \*\*\*150.00

DOCUMENT # **m64947**  
 1. Entity Name **AQUA-LIFE II CORPORATION**

Principal Place of Business Mailing Address  
**11035 BIRD RD.** **11035 BIRD RD.**  
**MIAMI FL 33165** **MIAMI FL 33165**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0021802** Applied For ☐ Not Applicable ☒  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
**ANA IBARRA**  
**6238 SW 50 ST**  
**MIAMI FL 33155**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IBARRA, ANA</b>		NAME		
STREET ADDRESS	<b>6238 SW 50 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FLA 33155</b>		CITY-ST-ZIP		
TITLE	<b>USD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IBARRA, RAYMONDE</b>		NAME		
STREET ADDRESS	<b>4950 SW 63 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33155</b>		CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IBARRA, LUIS F.</b>		NAME		
STREET ADDRESS	<b>6238 SW 50 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33155</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IBARRA, LUIS E.</b>		NAME		
STREET ADDRESS	<b>13100 SW 103 TR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL 33186</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ana Ibarra** **4/12/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)