

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002531**1. Entity Name
ACCESSIBLE WATER ADVENTURES INC.

Principal Place of Business	Mailing Address
5621 NORTH EAST 22ND AVENUE UNIT 8 FORT LAUDERDALE FL 33308	5621 NORTH EAST 22ND AVENUE UNIT 8 FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1005329Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134 USName
LONDON BARBARA
Street Address (P.O. Box Number is Not Acceptable)
5303 N.W. 108 TH. WAY
N/A
City
CORAL SPRINGS FL Zip Code
33076

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 **BARBARA LONDON****01/02/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VD	Delete
	HECHT JOHNATHON L	5621 NORTH EAST 22ND AVENUE	FORT LAUDERDALE FL 33308	<input type="checkbox"/>	Delete
	HECHT BRIAN D	5621 NORTH EAST 22ND AVENUE	FORT LAUDERDALE FL 33308	<input type="checkbox"/>	Delete
	HECHT HOWARD M	5621 NORTH EAST 22ND AVENUE	FORT LAUDERDALE FL 33308	<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete
				<input type="checkbox"/>	Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard M Hecht

prez

01/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)