

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90890 045 \*\*\*150.00

**DOCUMENT # P00000006546**

1. Entity Name

**AQUALIBRIUM, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9980 NW 44 CT.**

Suite, Apt. #, etc.

3. Mailing Address

**9980 NW 44 CT**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**SUNRISE FL.**

City & State

**SUNRISE, FL. B**

4. FEI Number

**650976727**

Applied For

Not Applicable

Zip

**33351**

Country

**USA**

Zip

**33351**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **JAIME RESTREPO**

Street Address (P.O. Box Number is Not Acceptable)

**5423 NW 55 TERR.**

City **COCUNUT CREEK**

**FL**

Zip Code **33073**

**DO NOT WRITE  
IN THIS SPACE**

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 state if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
Amended UBR is \$81.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PRESIDENT  
MICHAEL GOLDENBERG  
9980 NW 44 CT  
SUNRISE, FL. 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**V. PRESIDENT  
LORI MOORE  
8130 SW 8 CT  
NORTH LAUDERDALE FL. 33068**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]* **Lori Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-02**

Date

**954 597 9827**

Daytime Phone #

CR200348 (12/01)