

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033617

1. Entity Name
AQUARIUS APARTMENTS INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 049 ***150.00

Principal Place of Business
631 Northeast
72 terrace
Miami, FL 33158

Mailing Address
631 Northeast
72 terrace
Miami, FL 33158

A0046002

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
20120 NE 21st Ct
Suite, Apt. #, etc.
Miami FL
33179

4. FEI Number 65-0998750
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Spiegel & Utrera, P. A.
343 Almeria Avenue
Coral Gables, FL 33134

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS TD Mitchell, Meryl 631 Northeast, 72 terrace, Miami, FL 33158 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: X Meryl Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 933-1609
Date Daytime Phone #

CR2E034 (11/00)