

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

DOCUMENT #

1. Entity Name *Aqua Marine Tech Enterprises, INC.*

PO0000048533

DO NOT WRITE IN THIS SPACE

FILED

02 AUG -7 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

11201 SW. 55th

Suite, Apt. #, etc.

Lot D-28

City & State

Miramar, FL.

Zip

33025

Country

U.S.

3. Mailing Address

7767 NW. 166 Terr.

Suite, Apt. #, etc.

N/A

City & State

Miami Lakes, FL.

Zip

33016

Country

U.S.

4. FEI Number

16-1619311

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Roy Marla

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

7767 NW. 166 Terr.

City

Miami Lakes

FL

Zip Code

33016

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

Roy Marla

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

(NOTE: Registered Agent signature required when reinstating)

7/4/02
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 \$550.00

Amended UBR is \$61.25

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
<i>S/D; V/S; V/T/D.</i>	<i>Roy Marla</i>	<i>11201 SW. 55th, Lot D-28</i>	<i>Miramar, FL. 33025</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
		<i>100006976971--8</i>	<i>-08/08/02--01062--002</i>
		<i>***163.75</i>	<i>***163.75</i>
DO NOT WRITE IN THIS SPACE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roy Marla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/02
Date

Date

(305) 318-1108
Daytime Phone #

Daytime Phone #

CR2E034B (12/01)