

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000049424

1. Entity Name

AQUA BARGAIN, Corp

FILED

01 FEB 27 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

15428 SW 138th PL.

3. Mailing Address

15428 SW 138th PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-3644817

Applied For

Not Applicable

Zip

33177

Country

U.S.A.

Zip

33177

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, PA.
13935 N.W. 1st AVE.
MIAMI, FLORIDA 33168

7. Name and Address of New Registered Agent

Name CESAR ADRIAZOLA
Street Address (P.O. Box Number is Not Acceptable)
15428 SW 138th PL.
City MIAMI FL Zip Code 33177

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] CESAR ADRIAZOLA 02-12-2001 305-378-8307
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	<u>P</u>	<input type="checkbox"/> Delete
NAME	<u>LISSETTE ADRIAZOLA</u>	
STREET ADDRESS	<u>15428 S.W. 138 PL.</u>	
CITY-ST-ZIP	<u>MIAMI, FLORIDA 33177</u>	
TITLE	<u>V</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>VICTOR HUGO ADRIAZOLA</u>	
STREET ADDRESS	<u>4003 SW 88th ST #102</u>	
CITY-ST-ZIP	<u>MIAMI, FLORIDA 33176</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>P/T</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>LISSETTE ADRIAZOLA</u>	
STREET ADDRESS	<u>15428 SW 138 PL.</u>	
CITY-ST-ZIP	<u>MIAMI FLORIDA 33177</u>	
TITLE	<u>V/D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>CESAR ADRIAZOLA</u>	
STREET ADDRESS	<u>15428 SW 138 PL.</u>	
CITY-ST-ZIP	<u>MIAMI, FLORIDA 33177</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>800003802418</u>	
STREET ADDRESS	<u>-03/06/01--01075--008</u>	
CITY-ST-ZIP	<u>****158.75 ****158.75</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Lissette Adriazola 02-12-2001 305-378-8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)