FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 03, 2002 8:00 am
Secretary of State
10-03-2002 90050 046 ***550.00

DOCUMENT # P00000049424

1. Entity Name

AQUABARGAIN, Corp.

981503

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15428 SW 138th Pl	15428 SW 138th Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33177 Country: U.S.A.	Zip: 33177 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3644817 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CESAR ADRIAZOLA

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

15428 S.W. 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: CESAR ADRIAZOLA 02-12-2001 305-378-8307

(Signature and 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) ☒

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	P/T
NAME	Lissette Adriazola
STREET ADDRESS	15428 S.W. 138 Pl.
CITY-ST-ZIP	Miami Florida 33177
TITLE	V/D
NAME	Cesar Adriazola
STREET ADDRESS	15428 SW 138 Pl.
CITY-ST-ZIP	Miami Florida 33177
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: CESAR ADRIAZOLA 09-30-2001 305-378-9278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #