

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90076 044 ***150.00

0025185 AV

DOCUMENT # P00000057281

1. Entity Name

SALT WATER CREATIONS INC.



Principal Place of Business

2750 N 29 AVENUE

309A

HOLLYWOOD FL 33020

Mailing Address

2750 N 29 AVENUE

309A

HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1017492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROHRSCHEIB, GUSTAVO

2750 N 29 AVENUE

309A

HOLLYWOOD FL 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROHRSCHEIB, GUSTAVO**
STREET ADDRESS **2750 N 29 AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FASSARDI, SILVIA**
STREET ADDRESS **2750 N 29 AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-02-03

954-6499649

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

Salt Water Creations, Inc.
21055 Yacht Club Drive, Suite 807
Aventura, FL 33180
Phone Number: (954) 649-9649

86138206
PO0000005728T

To: Florida Department of State Division of Corporation.

~~This letter is to let you know that our corporation, Salt Water Creations, Inc. Did not receive~~
the Filling papers for the renovation until a couple of weeks ago and that why we are sending the
Original amount of the fee that we should have been charged. The original amount of \$150,00.

Thank you very much.



Gustavo Rohrscheib
Salt Water Creations, Inc.
President