

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90036 012 \*\*\*150.00

U150018 AV

**DOCUMENT # P00000068027**

1. Entity Name  
**AQUAVISION INTERNATIONAL INC.**

Principal Place of Business  
**80 SW 8TH STREET SUITE 2000**  
**MIAMI FL 33130**

Mailing Address  
**80 SW 8TH STREET SUITE 2000**  
**MIAMI FL 33130**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**537 E. Highland street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**537 E. Highland street**  
 Suite, Apt. #, etc.

City & State  
**Altamonte Springs, FL**  
 Zip  
**32701**  
 Country

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**Altamonte Springs, FL**  
 Zip  
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4. FEI Number **65-1024270**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name **Linda L. Wessels**  
 Street Address (P.O. Box Number is Not Acceptable)  
**537 E. Highland Street**  
 City **Altamonte Springs FL** Zip Code **32701**

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 **Linda L. Wessels** **Linda L. Wessels - S/M** **April 15, 2002**  
 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, 2002 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	<b>D</b> <b>SACHSE, FRANCOIS</b> <b>80 SW 8TH STREET SUITE 2000</b> <b>MIAMI FL 33130</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AISENBERG, ALAIN</b> <b>80 SW 8TH STREET SUITE 2000</b> <b>MIAMI FL 33130</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sachse, Francois</b> <b>537 E. Highland Street</b> <b>Altamonte Springs, FL 32701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SACHSE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/15/02** (407) **830-0607**  
 Daytime Phone #

CR2E034 (9/01)