

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90743 019 ***150.00

DOCUMENT # P 00000078912

1. Entity Name

AQUARIUS EXPRESS GRP

DO NOT WRITE IN THIS SPACE

70026432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9766 PALMA VISTA WAY

3. Mailing Address

9766 PALMA VISTA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FLORIDA

Zip

33428

Country

USA

Zip

33428

Country

USA

4. FEI Number

65-1034465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL P STRIAR

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

3864 SHERIDAN STREET

City

HOLLYWOOD

FL

Zip Code

33021

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PISID MERCEDES BERENDSOHN 9766 PALMA VISTA WAY BOCA RATON, FL. 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Mercedes Berendsohn
Mercedes Berendsohn, Pres

2/20/03

Date

954-609-7919

Daytime Phone #

CR2E034B (12/01)

Attachment

WILLIAM C. KOPPEL, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANTS
SUITE 214, POINT EAST PROFESSIONAL BUILDING
17971 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FLORIDA 33160-2360

TELEPHONE (305) 932-3700

FAX (305) 932-5578

PO0000078912
70024432

AQUARIUS EXPRESS CORPORATION

YEAR: 2003

Tax Return:

- ☐ Florida Declaration of Estimated Income Tax (Form F-1120-ES)
☐ Florida Corporation Income Tax Return (Form F-1120)
☐ Florida Partnership Information Return (Form F-1065)
☒ Florida Annual Report (Form Corp. - AR 731)
☐ Florida Intangible Personal Property Tax Return
☐ County Tangible Personal Property Tax Return
☐

Due Date:

On or before APRIL 28, 2003

Tax Due:

\$ 150. -

(Or See Below)

PAYABLE TO

☐ FLORIDA DEPARTMENT OF REVENUE

☒ ~~Secretary~~ Department OF STATE

(Attach to Form F-1120-P
If Fla. Corp. Income Tax)

On or Before

Amount

<input type="checkbox"/>	19	\$	
<input type="checkbox"/>	19		
<input type="checkbox"/>	19		
<input type="checkbox"/>	19		

YOUR PAYMENT RECORD

Date	Ck. #
Date	Ck. #
Date	Ck. #
Date	Ck. #

Refund Due:

☐ \$ _____ will be refunded to you by the Florida Department of Revenue.

☐ \$ _____ will be credited on your _____ estimated tax.

Signatures:

The return should be signed at the bottom of page(s) 1 by:

- ☐ Secretary and President or Vice President
☒ One of the officers of the corporation (excluding Secretary)
☐ One of the general partners
☐ Affix Corporate Seal
☐ Taxpayer
☐ Taxpayer and spouse
☐

Mailing

Instructions:

The return should be mailed to:

- ☐ Dade County, Dep't. of Property Appraisal, 111 N.W. 1st Street,
Suite 710, Miami, Florida 33128-1984
☐ Florida Department of Revenue, 5050 W. Tennessee St., Tallahassee, FL 32399
☒ Division of Corporations, Uniform Business Report Filings, P.O. Box 1500
Tallahassee, Florida 32302-1500
☐

COPY

RETAIN FOR YOUR FILES

- * Please insert the Employer Identification Number on the face of your check and also indicate the tax return and tax year-end covered by such payment.