# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2001 8:00 am**
**Secretary of State**
05-17-2001 91286 013 ***150.00

DOCUMENT # P00000087622

1. Entity Name
WATCH ADVENTURE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 901 PONCE DE LEON BLVD.<br>SUITE 305<br>CORAL GABLES, FL 33134 | 901 PONCE DE LEON BLVD.<br>SUITE 305<br>CORAL GABLES,FL 33134 |

A0067689

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 223 EAST FLAGLER STREET | 223 EAST FLAGLER STREEET |
| Suite, Apt. #, etc.<br>M-1 | Suite, Apt. #, etc.<br>M-1 |
| City & State<br>MIAMI, FL | City & State<br>MIAMI, FL |
| Zip<br>33132 / Country<br>USA | Zip<br>33132 / Country<br>USA |

4. FEI Number
65-1040929
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ALEMANY, JOAQUIN A.<br>901 PONCE DE LEON BOULEVARD<br>SUITE 305<br>CORAL GABLES, FL 33134 | Name: BAGUEAR, SUSANA<br>Street Address (P.O. Box Number is Not Acceptable): 223 EAST FLAGLER STREET<br>M-1<br>City: MIAMI FL Zip Code: 33132 |

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: Susana Baguear 04/27/01
(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) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAGUEAR, SUSANA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAGUEAR, SUSANA<br>223 E. FLAGLER STREET M-1<br>MIAMI, FL 33132 | ☑ Change ☐ Addition of Address |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAGUEAR, SUSANA NELIDA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAGUEAR, SUSANA NELIDA<br>223 E. FLAGLER STREET M-1<br>MIAMI, FL 33132 | ☑ Change ☐ Addition of Address |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POMBO BAGUEAR, MARTIN HERNAN | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POMBO-BAGUEAR, MARTIN HERNAN<br>223 E. FLAGLER STREET M-1<br>MIAMI, FL 33132 | ☑ Change ☐ Addition of Address |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/00)

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:** Susana Baguear 04/27/2001 (305) 371-8047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUSANA BAGUEAR