

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092484

1. Entity Name
AQUARIUM 2000, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90917 043 ***150.00

Principal Place of Business
11872 NW 9TH ST.
CORAL SPRINGS FL 33071

Mailing Address
11872 NW 9TH ST.
CORAL SPRINGS FL 33071

2. Principal Place of Business
125 N. BIRCH ROAD
Suite, Apt. #, etc. 204

3. Mailing Address
125 N. BIRCH ROAD
Suite, Apt. #, etc. 204



DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE

City & State
FORT LAUDERDALE, FL

4. FEI Number
65-1055767

Applied For
Not Applicable

Zip
33304

Country

Zip
33304

Country

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

6. Name and Address of Current Registered Agent
MIKALACKI, SINISA
11872 NW 9TH ST.
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
125 N. BIRCH ROAD # 204
City FORT LAUDERDALE FL Zip Code 33304

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] DATE 04/26/01

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKALACKI, SINISA		NAME		
STREET ADDRESS	11872 NW 9TH ST.		STREET ADDRESS	125 N. BIRCH ROAD # 204	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0137560