

5/6/2002-90251-020-\$150.00-\$150.00
* 9/17/2002-90104-021-\$550.00-\$550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000009167**

1. Entity Name
GAGUS WATER BICYCLE, INC

Principal Place of Business
**459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH FL 33160**

Mailing Address
**459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH FL 33160**

FILED

02 OCT 15 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

23-08-520346-61-1

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARANGO, GUSTAVO

**459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH FL 33160**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ARANGO, GUSTAVO
459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Posada Carlos Mario
459 Poinciana Island Drive Unit 1515
North Miami Fl 33160.** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
POSADA, GABRIEL
459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH FL 33160** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
OLARTE, OSCAR M
459 POINCIANA ISLAND DRIVE UNIT 1515
NORTH MIAMI BEACH FL 33160** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E034 (4/02)

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: _____

SIC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 (305) 4954637
Date Daytime Phone #