

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90139 007 \*\*\*150.00

**DOCUMENT # P01000030583**

1. Entity Name

**AGUACATAL ENTERPRISES CORPORATION**

Principal Place of Business  
**7825 SW 56TH STREET C112**  
**MIAMI FL 33155**

Mailing Address  
**7825 SW 56TH STREET C112**  
**MIAMI FL 33155**

2. Principal Place of Business

**6450 NW 186TH ST**

3. Mailing Address

**6450 NW 186TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI LAKES FL**

City & State

**MIAMI LAKES FL**

Zip

**33015**

Country

**DAOE**

Zip

**33015**

Country

**DAOE**

FEI Number

**65-1088747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZAPATA, STEVEN**  
**7825 SW 56TH STREET C112**  
**MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **ZAPATA STEVEN**

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

**6450 NW 186TH ST**

**MIAMI LAKES FL 33015**

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.

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 \$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	P	<input type="checkbox"/> Delete
NAME	<b>ZAPATA, STEVEN</b>	
STREET ADDRESS	<b>7825 SW 56TH STREET C112</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>ANGEL, SANDRA P</b>	
STREET ADDRESS	<b>7825 SW 56TH STREET C112</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>VELEZ, MARTHA C</b>	
STREET ADDRESS	<b>7825 SW 56TH STREET C112</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>ANGEL, JULIO C</b>	
STREET ADDRESS	<b>7825 SW 56TH STREET C112</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAPATA, STEVEN</b>	
STREET ADDRESS	<b>6450 NW 186TH ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33015</b>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGEL, SANDRA P</b>	
STREET ADDRESS	<b>6450 NW 186TH ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33015</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELEZ, MARTHA C</b>	
STREET ADDRESS	<b>6450 NW 186TH ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33015</b>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGEL, JULIO C</b>	
STREET ADDRESS	<b>6450 NW 186TH ST</b>	
CITY-ST-ZIP	<b>MIAMI LAKES, FL 33015</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **APPROPRIATE OFFICER (T&S)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-11-02**

Date

**305-5575766**

Daytime Phone #

CR2E034 (9/01)