

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90001 014 \*\*\*550.00

**DOCUMENT # P01000071273**

1. Entity Name  
**AGUACLARA ENTERPRISES, CORP.**

Principal Place of Business 2899 COLLINS AVENUE TRITON TOWER, PH-L MIAMI BEACH FL 33140	Mailing Address 2899 COLLINS AVENUE TRITON TOWER, PH-L MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1123801</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent <b>MAZZA-MARTINEZ, TANIA A</b> 782 N W 42ND AVENUE SUITE 637 MIAMI FL 33126				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address <b>780 N W 42ND SUITE 920</b>			
City				City <b>MIAMI</b>		Zip Code <b>33126</b>	

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]* DATE **8/12/02**

Signature, typed or printed name of registered agent, or both, as 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 \$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	PD.	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PEREZ, JESUS O</b>			NAME			
STREET ADDRESS	<b>2899 COLLINS AVE., TRITON TWR., PH-L</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>AMADO, MARIA JOSEFA</b>			NAME			
STREET ADDRESS	<b>2899 COLLINS AVE., TRITON TWR., PH-L</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PEREZ, MARIA CAROLINA</b>			NAME			
STREET ADDRESS	<b>2899 COLLINS AVE., TRITON TWR., PH-L</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>			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]* DATE **8/12/02** DAYTIME PHONE # **305-4465353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)