

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0023845 AV

DOCUMENT # P01000072523

1. Entity Name

AQUAVITA H-20 INC.



FILED
03 AUG 22 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2232 W 80TH ST

SUITE #7

HIALEAH FL 33016

Mailing Address

2232 W 80TH ST

SUITE #7

HIALEAH FL 33016

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

65-1123650

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SALGADO, HUBERT H DR.

2101-D SW 8TH ST

MIAMI FL 33135

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SALGADO, HUBERT H DR.
STREET ADDRESS 2101-D SW 8TH ST
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400022582304
08/26/03--01052--018 **150.00

TITLE D
NAME SANDLIN, FRED
STREET ADDRESS 2101-D SW 8TH ST
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

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

TITLE ST
NAME SURI-SALGADO, MARIA
STREET ADDRESS 2232 W. 80TH STREET, BAY #7
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Paytime Phone #

CR2E034 (4/03)

Attachment

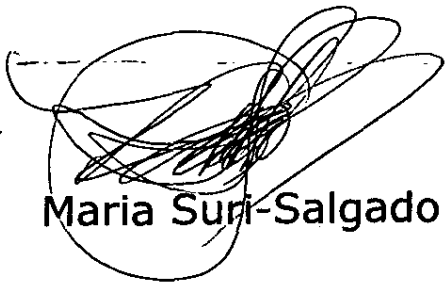
8/18/03

PO1000072523

To whom it may concern:

Please accept my apology for not writing to you sooner.
Due to an error with my previous accountants, I did
not know that I owed you money. Please accept my
apology and I will send you a check for the amount of
\$150.

Thank you very much.



Maria Suri-Salgado

PO1000072523