

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL -9 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000114477**
1. Entity Name
WATERFAKE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7102 NW 112 COURT
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33178

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
260007895

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

7. Name and Address of Current Registered Agent
Name
RICARDO ECHEVERRIA
Street Address (P.O. Box Number is Not Acceptable)
7102 NW 112 COURT
City
MIAMI FL Zip Code
33178

**DO NOT WRITE
IN THIS SPACE**

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

07-02-2003

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ECHEVERRIA, RICARDO 7102 NW, 112 COURT, MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700021417717 07/09/03--01073--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVERRIA, FRANCIS CO 7102 NW, 112 COURT, MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700021417717 07/09/03--01073--012 **400.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO ECHEVERRIA

06-05-2003

Date

786-3265089

Daytime Phone #

CR2E034B (12/02)

2110