

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90113 033 ***150.00

DOCUMENT # P02000011404

1. Entity Name
ACQUALINA INTERNATIONAL CORP.



Principal Place of Business
18660 COLLINS AVE. SUITE 104
SUNNY ISLES BEACH FL 33160-2426

Mailing Address
18660 COLLINS AVE. SUITE 104
SUNNY ISLES BEACH FL 33160-2426



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0994124

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

NELSON, GARRY
1401 BRICKELL AVE., SUITE 300
MIAMI FL 33131-3502

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME LIMA, HELIO
STREET ADDRESS 19333 COLLINS AVE. APT. 2308
CITY-ST-ZIP MIAMI BEACH FL 33160-4566

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

TITLE VSD ☐ Delete
NAME LIMA, MARIA FERNANDA M
STREET ADDRESS 19333 COLLINS AVE. APT. 2308
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160-2426

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

MARIA FERNANDA LIMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA FERNANDA LIMA

1/15/03

305-439-4597

Date

Daytime Phone #

CR2E034 (10/02)