

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90717 017 ***150.00

DOCUMENT # P02000020875

1. Entity Name

AQUATICS INC



DO NOT WRITE IN THIS SPACE

11039684

2. Principal Place of Business

2100 N.E 39th ST

3. Mailing Address

2100 N.E 39th ST

Suite, Apt. #, etc.

APT No 21

Suite, Apt. #, etc.

APT No 21

City & State

LIGHTHOUSE PT, FL

City & State

LIGHTHOUSE PT, FL

Zip

33064

Country

Zip

33064

Country

4. FEI Number

33-1017311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FAYYAZ AMIRALI

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

2100 N.E 39th St # 21

City

LIGHTHOUSE PT

FL

Zip Code

33064

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 the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/03

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 P
NAME FAYYAZ AMIRALI
STREET ADDRESS 2100 N.E 39th St # 21
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

FAYYAZ AMIRALI

4/27/03

754-234-5221
754-2345221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)