

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90261 017 ***150.00

DOCUMENT # P02000027655

1. Entity Name
AQUARIUS ENTERPRISES INC.



Principal Place of Business
5555 COLLINS AVE SUITE 9Z
MIAMI BEACH FL 33140

Mailing Address
5555 COLLINS AVE SUITE 9Z
MIAMI BEACH FL 33140

11010004



2. Principal Place of Business

5555 COLLINS AVE

3. Mailing Address

5555 COLLINS AVE

Suite, Apt. #, etc.

SUITE 9H

Suite, Apt. #, etc.

SUITE 9H

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH, FL

Zip

Country

FL

Zip

Country

33140

USA

4. FEI Number

02-0563420

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

RABILERO, HILDA
5555 COLLINS AVE SUITE 9Z
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name **HILDA RABILERO**

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

5555 COLLINS AVE SUITE 9H

City **MIAMI BEACH**

FL

Zip Code

33140

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

4/15/03

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

TITLE **PTVD** ☐ Delete
NAME **RABILERO, HILDA**
STREET ADDRESS **5555 COLLINS AVE SUITE 9Z**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTVD** ☒ Change ☐ Addition
NAME **RABILERO, HILDA**
STREET ADDRESS **5555 COLLINS AVE SUITE 9H**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03

CR2E034 (10/02)