

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90049 023 \*\*\*150.00

**DOCUMENT # P02000092461**

1. Entity Name  
**AQUAVIVA CORPORATION**



Principal Place of Business  
**2833 EXECUTIVE PARK DRIVE  
500  
WESTON FL 33331**

Mailing Address  
**2833 EXECUTIVE PARK DRIVE  
500  
WESTON FL 33331**

**55008233**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>56-2288233</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

**6. Name and Address of Current Registered Agent**

**BELLO, HECTOR  
2833 EXECUTIVE PARK DRIVE  
500  
WESTON FL 33331**

**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 \$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**

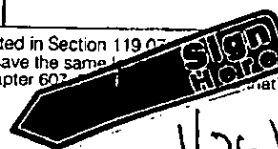
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELLO, HECTOR 2833 EXECUTIVE PARK DR SUITE 500 WESTON FL 33331</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02, F.S., and that the information is true and accurate and that my signature shall have the same effect as if I were an officer or director of the corporation or the receiver or trustee or liquidator of the corporation. I further certify that the information is true and accurate and that my signature shall have the same effect as if I were an officer or director of the corporation or the receiver or trustee or liquidator of the corporation. I further certify that the information is true and accurate and that my signature shall have the same effect as if I were an officer or director of the corporation or the receiver or trustee or liquidator of the corporation.

**SIGNATURE:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**1/26/03 305-557-4323**  
Date Daytime Phone #

CR2E034 (10/02)