

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007026

1. Entity Name

PRO-AGUA INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90100 005 ***150.00

Principal Place of Business

16735 123RD TERR N
JUPITER FL 33478
US

Mailing Address

16735 123RD TERR.
JUPITER FL 33478-6007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0413069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, CARLOS A
16735 123RD TERR.
JUPITER FL 33478

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ALVAREZ, CARLOS A	16735 123 TERRACE	JUPITER FL 33478	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FERRERAS, RAMONS P	CANA DULCE NO 2 EL MILION	SANTO DOMINGO DP	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ALVAREZ, PEDRO O	7400 W. 20TH AVE. #221	MIAMI FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GUERRA, FERNANDO	9220 SW 101ST AVE.	MIAMI FL 33176	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PRIETO, LUIS E	7400 W. 20TH AVE. #2423	MIAMI FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	CUSICANQUI, JAVIER R	410 N. ROYAL POINCIANA BLVD. #A2	MIAMI SPRINGS FL 33166	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos A Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)