

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019147

1. Entity Name

AQUA ROJAS, CORP.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90281 012 \*\*\*150.00

Principal Place of Business

1676 SW 20TH STREET  
SUITE 18  
MIAMI FL 33145  
US

Mailing Address

1676 SW 20TH STREET  
SUITE 18  
MIAMI FL 33145-2840  
US

2. Principal Place of Business

3. Mailing Address

13150 SW 17 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33175

Zip

Country

Zip

Country

4. FEI Number

65-0559570

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

ROJAS, ANTHONY  
1947 SW 17 COURT  
MIAMI FL 33145

Name  
Rojas Anthony

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

13150 SW 17 Terr

City

Miami, FL

FL

Zip Code  
33175

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ROJAS, ANTHONY  
1676 SW 20TH STREET SUITE 18  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
Rojas, Anthony  
13150 SW 17 Terr.  
Miami FL 33175 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
COMPANION, MIRIAM  
2401 SW 4TH AVENUE  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Miriam O. Companion  
2401 SW 4th Ave  
Miami, FL 33125 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ROYAS, GILDA  
1676 SW 20TH STREET SUITE B  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Rojas, Gilda  
13150 SW 17 Terr.  
Miami, FL 33175 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)