

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029748

1. Entity Name  
AQUA-BLUE PRODUCTIONS INC.

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90027 014 \*\*\*150.00

Principal Place of Business

~~444 BRICKELL AVENUE~~  
~~SUITE 750~~  
~~MIAMI FL 33131~~

Mailing Address

~~444 BRICKELL AVENUE~~  
~~SUITE 750~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

20630 BISCAYNE BLVD  
Suite, Apt. #, etc.

3. Mailing Address

20630 BISCAYNE BLVD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

65-0573954

Applied For

Not Applicable

Zip

Country

33180

Zip

Country

33180

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

NICARETTA, VERA L  
~~444 BRICKELL AVENUE~~  
~~SUITE 750~~  
~~MIAMI FL 33131~~

Name

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

2620 HAYES ST

HOCCYWOOD

**FL**

Zip Code  
33020

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

Vera Nicaretta

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

(NOTE: Registered Agent signature required when reinstating)

04/03/01

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, 2001 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
NICARETTA, VERA L  
444 BRICKELL AVENUE, STE 750  
MIAMI FL 33131

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2620 HAYES ST.  
HOCCYWOOD, FL - 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
CASTRO, ANDRE  
444 BRICKELL AVENUE, STE 750  
MIAMI FL 33131

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2620 HAYES ST  
HOCCYWOOD, FL - 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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:

Vera Nicaretta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/01

Date

Daytime Phone #

CR2E034 (10/00)