

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90209 004 \*\*\*150.00

**DOCUMENT # P96000091227**

1. Entity Name  
**AQUA CLEAR WATER CO. INC.**



Principal Place of Business  
**2430 WEST 78ST  
HIALEAH FL 33016**

Mailing Address  
**2430 WEST 78ST  
HIALEAH FL 33016**

**30011141**



2. Principal Place of Business  
**7889 NW 98 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**7889 NW 98 ST**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**HIALEAH GARDENS**  
Zip  
**33016**

City & State  
**HIALEAH GARDENS**  
Zip  
**33016**

4. FEI Number **65-0706134**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**SANCHEZ, FELIPE  
10929 W OKEECHOBEE RD  
HIALEAH GARDENS FL 33018**

**7. Name and Address of New Registered Agent**

Name **JOSE LOPEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**7889 NW 98 ST**  
City **HIALEAH GARDENS** FL Zip Code **33016**

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 **JOSE LOPEZ - PRESIDENT**  
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 **DPST** ☐ Delete  
NAME **LOPEZ, JOSE**  
STREET ADDRESS **2430 78 STREET**  
CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7889 NW 98 ST**  
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
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 #

**(305) 362-7678**

CR2E034 (10/02)