

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012568

1. Entity Name

AQUARICO, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90030 023 ***158.75

Principal Place of Business Mailing Address
6850 NW 12th Avenue 6850 NW 12th Avenue
Ft. Lauderdale FL 33309 Ft. Lauderdale FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650724694

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Brett malden
6850 NW 20th Ave
Ft. Lauderdale, FL 33309

Name

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

6850 NW 12th Avenue

City

Ft Lauderdale

FL

Zip Code

33309

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)

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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	PD	<input type="checkbox"/> Delete
NAME	Brett malden	
STREET ADDRESS	6814 NW 20 Ave	
CITY-ST-ZIP	Ft Lauderdale FL 33309	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	mark wolfson	
STREET ADDRESS	6814 NW 20 Ave	
CITY-ST-ZIP	Ft Lauderdale FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Diana Pulice	
STREET ADDRESS	6814 NW 20 Ave	
CITY-ST-ZIP	Ft. Laud FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP, S, T, P, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	6850 NW 12th Ave	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
President for
AQUARICO, INC.

Date

5/15/00

Daytime Phone #

(954) 970-9511

CR2E034 (9/99)