

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031470

1. Entity Name

THE AQUA CONNECTION, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90004 005 ***550.00

Principal Place of Business

7625 CLARKE RD
 LAKE CLARKE SHORES FL 33406
 US

Mailing Address

7625 CLARKE RD
 LAKE CLARKE SHORES FL 33406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0743955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRINIDAD, LUIS S
 7625 CLARKE RD
 LAKE CLARKE SHORES FL 33406

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

Luis S. Trinidad

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
 STREET ADDRESS TRINIDAD, LUIS S
 CITY-ST-ZIP 1330 SUMMIT RUN CIRCLE
 WEST PALM BEACH FL 33415

TITLE ☒ Change ☐ Addition
 NAME Trinidad Luis S
 STREET ADDRESS 7625 Clarke Rd
 CITY-ST-ZIP Lake Clarke Shores FL 33406

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TRINIDAD, ROCIO ROJAS
 CITY-ST-ZIP 1330 SUMMIT RUN CIRCLE
 WEST PALM BEACH FL 33415

TITLE ☒ Change ☐ Addition
 NAME Trinidad Rocio Rojas
 STREET ADDRESS 7625 Clarke Rd
 CITY-ST-ZIP Lake Clarke Shores FL 33406

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Luis S. Trinidad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/26/00

561-~~888~~466

Daytime Phone #

585 2989

CR2E034 (5/00)