

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90018 015 \*\*\*150.00

**DOCUMENT # P97000084210**

1. Entity Name

**ACQUALIBERA CORP.**

Principal Place of Business

Mailing Address

**282 WESTWARD DRIVE  
 MIAMI SPRINGS FL 33166**

**282 WESTWARD DRIVE  
 MIAMI SPRINGS FL 33166-5260**

2. Principal Place of Business

**286 Westward Drive**

Suite, Apt. #, etc.

3. Mailing Address

**286 Westward Drive**

Suite, Apt. #, etc.

City & State

**Miami Springs, FL**

City & State

**Miami Springs, FL**

4. FEI Number

**65-0786058**

Applied For

Not Applicable

Zip

**33166**

Country

**U.S.**

Zip

**33166**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, INGER M  
 1208 NE 91 STREET  
 MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name **ONEL R. Montalvo**

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

**286 Westward Drive**

City **Miami Springs,**

**FL**

Zip Code

**33166**

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]*

**ONEL R. Montalvo**

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

(NOTE: Registered Agent signature required when reinstating)

**4/12/00**

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, 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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **TRUSCELLO, ROXANA M**  
 CITY-ST-ZIP **465 S ROYAL POINCIANA BLVD #4B  
 MIAMI SPRINGS FL 33166**

TITLE ☐ Delete  
 NAME **PVST**  
 STREET ADDRESS **ORTEGA, ROBERT R. R**  
 CITY-ST-ZIP **465 S. ROYAL POINCIANA BLVD., #4-B  
 MIAMI SPRINGS FL 33166**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ORTEGA, ROBERT R. R**  
 CITY-ST-ZIP **465 S. ROYAL POINCIANA BLVD., #4-B  
 MIAMI SPRINGS FL 33166**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Roxana M Truscillo**  
 STREET ADDRESS **1234 CHINA BERRY Drive**  
 CITY-ST-ZIP **Weston FL 33327**

TITLE ☒ Change ☐ Addition  
 NAME **Ortega, Robert R.R.**  
 STREET ADDRESS **1234 China berry Drive**  
 CITY-ST-ZIP **Weston, FL 33327**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert R.R. Ortega**

Date

**4/14/00**

Daytime Phone #

CR2E034 (9/99)