

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091662

1. Entity Name
AQUA PRESCRIPTIONS INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90191 048 ***150.00

Principal Place of Business

18672 MURCOTT BLVD.
LOXAHATCHEE FL 33470

Mailing Address

18672 MURCOTT BLVD.
LOXAHATCHEE FL 33470

2. Principal Place of Business

12720 N. 60TH ST.

Suite, Apt. #, etc.

3. Mailing Address

12720 N. 60TH ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROYAL PALM BCH, FL

City & State

ROYAL PALM BCH, FL

4. FEI Number

65-0790055

Applied For

Not Applicable

Zip

33411

Country

PALM BCH

Zip

33411

Country

FLM BCH

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

MANGERIAN, DEAN C

18672 MURCOTT BLVD.

LOXAHATCHEE FL 33470

12720 N. 60TH ST.
ROYAL PALM BCH,
FL 33411

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: Dean C. Mangerian DEAN C. MANGERIAN 4/28/01

Signature, typed or printed name of registered agent and fee, 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 \$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	P	<input type="checkbox"/> Delete
NAME	MANGERIAN, DEAN C	
STREET ADDRESS	18672 MURCOTT BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	PVP	<input checked="" type="checkbox"/> Delete
NAME	MANGERIAN, KIMBERLY A	
STREET ADDRESS	18672 MURCOTT BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGERIAN, DEAN C	
STREET ADDRESS	12720 N. 60TH ST	
CITY-ST-ZIP	ROYAL PALM BEACH, FL. 33411	
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		
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: Dean C. Mangerian DEAN C. MANGERIAN 4/28/01 (561) 758-4344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)