

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90215 005 ***150.00

DOCUMENT # P98000010402
1. Entity Name
REFLECTIONS AQUARIA, INC.

Principal Place of Business Mailing Address
21000 BOCA RIO RD. 6400 CONGRESS AVE
BOCA RATON, FL 33433 BOCA RATON, FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0811242 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
OTTO, GREGORY M.
712 FORSUTH ST.
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
Name OTTO, GREGORY M.
Street Address (P.O. Box Number is Not Acceptable):
6646 BRISTOL LAKE SOUTH
City DELRAY BEACH FL Zip Code 33446

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 GREG OTTO 4/29/02
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 \$150.00
After May 1, 2002 Fee will be \$350.00
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	PRESIDENT	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTO, GREGORY		NAME	OTTO, GREGORY	
STREET ADDRESS	712 FORSUTH ST.		STREET ADDRESS	6646 BRISTOL LAKE SOUTH	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, KAMALA		NAME		
STREET ADDRESS	6400 CONGRESS AVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: KAMALA CHAPMAN 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #