

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032984

1. Entity Name

U.S. AQUATICS CONSULTANTS, INC.

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

05-08-2000 90145 032 ***150.00

Principal Place of Business

Mailing Address

6 LAREDO PLACE
DAVIE FL 33324

6 LAREDO PLACE
DAVIE FL 33328-2980

2. Principal Place of Business

4263 SW 84th AVE

3. Mailing Address

4263 SW 84th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE - FL

4. FEI Number

65-0826637

Applied For

Not Applicable

Zip

33328

Country

Broward

Zip

33328

Country

Broward

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

SAKANO, YOLANDA H
6 LAREDO PLACE
DAVIE FL 33324

Name

YOLANDA H. SAKANO

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

4263 SW 84th AVE

City

DAVIE

FL

Zip Code

33328

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SAKANO, UBIRAJARA S
6 LAREDO PLACE
DAVIE FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. 1 TRS.
UBIRAJARA SAKANO
4263 SW 84th AVE.
DAVIE - FL 33328 ☐ Change ☐ Addition
NEW ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
SAKANO, YOLANDA H
6 LAREDO PLACE
DAVIE FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC. IV-P.
YOLANDA SAKANO
4263 SW 84th AVE.
DAVIE, FL - 33328 ☐ Change ☐ Addition
NEW ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00

(954) 915-8542

CR2E034 (9/99)