

8/6/01-90002-008-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000041643**

1. Entity Name

AQUASCAPES ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

5722 S FLAMINGO RD. SUITE #265
COOPER CITY FL 33330

Mailing Address

5722 S FLAMINGO RD. SUITE #265
COOPER CITY FL 33330

2. Principal Place of Business

125 Detjens Dairy Rd.

3. Mailing Address

P.O. Box 477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENUS FL

City & State

VENUS FL

Zip

33960

Country

USA

Zip

33960

Country

USA

4. FEI Number

65-0831330

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, ALBERT
5722 S FLAMINGO RD, SUITE #265
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name ALBERT SUAREZ

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

P.O. Box 477 125 DETJENS DAIRY RD.City VENUS

FL

Zip Code 33960

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

Albert Suarez

(NOTE: Registered Agent signature required when reinstating)

10/10/2001

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 State10. 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
PD
SUAREZ, ALBERT
5722 S FLAMINGO RD STE 265
COOPER CITY FL 33330 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.O. Box 477
VENUS, FL 33960 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004694880--8
-11/27/01--01038--023
****200.00 ****200.00 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2001 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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 all other like empowered.

SIGNATURE:

Albert Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT SUAREZ / PRES

7/30/01

Date

Daytime Phone #

FILED

01 OCT 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/10/01

DO NOT WRITE IN THIS SPACE

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NOV 5500

CR2E034 (10/00)