

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-08-2000 90051 028 ***150.00

DOCUMENT # P98000045646

1. Entity Name

CANE AQUATICS, INC.

Principal Place of Business

Mailing Address

%RANDY ABLEMAN
 NO. 1 HURRICANE DRIVE
 CORAL GABLES FL 33146

15020 SW 81ST AVE
 MIAMI FL 33158-2049
 US

80014023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

University of Miami
 Suite, Apt. #, etc. #1 Hurricane Drive
 Coral Gables FL

15020 SW 81 Ave
 Suite, Apt. #, etc. Miami FL

City & State

City & State

Coral Gables FL

4. FEI Number

65-0839968

Applied For

Not Applied

Zip

Country

Zip

Country

33146

USA

33158

USA

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

ABLEMAN, RANDY
 NO. 1 HURRICANE DRIVE
 CORAL GABLES FL 33146

Name

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

Miami FL

City

FL

Zip Code

33158

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
 SPD
 ABLEMAN, RANDY
 NO. 1 HURRICANE DRIVE
 CORAL GABLES FL 33146 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 SWEENEY, JAMES
 10061 SW 77TH CT
 MIAMI FL 33156 ☐ Delete

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Randy Ableman

1/31/00

305-284-3600