

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90197 028 ***550.00

DOCUMENT # P98000045646

1. Entity Name
CANE AQUATICS, INC.

Principal Place of Business

**UNIVERSITY OF MIAMI
NO. 1 HURRICAN DRIVE
CORAL GABLES FL 33146**

Mailing Address

**UNIVERSITY OF MIAMI
#1 HURRICANE DRIVE
CORAL GABLES FL 33146
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0839968**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABLEMAN, RANDY
15020 SW 81 AVE
MIAMI FL 33158**

7. Name and Address of New Registered Agent

Name

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

5460 SW 80th St.

City **Miami**

FL

Zip Code
33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/5/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
NAME **SPD**
STREET ADDRESS **ABLEMAN, RANDY**
CITY-ST-ZIP **NO. 1 HURRICANE DRIVE**
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **SWEENEY, JAMES**
CITY-ST-ZIP **10001 SW 77TH CT**
MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10209 SW 77th Court**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/02 **305-284-3639**

CR2E034 (4/02)