

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91145 036 ***150.00

DOCUMENT # **P98000091916** ✓

1. Entity Name

ALL SYSTEMS FOUNTAINS & WATER FALLS, INC

DO NOT WRITE IN THIS SPACE

666515

2. Principal Place of Business

976 W. PROSPECT RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE, FL

City & State

SAME

4. FEI Number

6050871651

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

SAME

Country

SAME

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

AMERILAWYER

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

343 ALMERIA AVE

City

CORAL GABLES, FL

Zip Code

33134

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

STREET ADDRESS
CITY - ST - ZIP

**PSTD
LISA STREET
976 W. PROSPECT RD
FORT LAUDERDALE, FL 33334**

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Daytime Phone #