

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014839

1. Entity Name  
HYDROSSAGE, INC.

Principal Place of Business  
11219 S. DIXIE HWY  
MIAMI FL 33156

Mailing Address  
11219 S. DIXIE HWY  
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

P.O. box 566782

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33256

USA

4. FEI Number 65-0890347

Applied For

Not Applicable

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

SAMPSON, ADAM M  
6757 SW 88 STREET, STE. C-305  
MIAMI FL 33156

Name

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

13945 S.W. 82 AVE.

City

Miami

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SAMPSON, ADAM M	
STREET ADDRESS	6757 SW 88 STREET, STE. C-305	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	KONING, GIROLDY A	
STREET ADDRESS	6757 SW 88 STREET, STE. C-305	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13945 S.W. 82 AVE.	
CITY-ST-ZIP	Miami FL 33158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13945 S.W. 82 AVE.	
CITY-ST-ZIP	Miami FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Adam Sampson

Date

1/10/01

Daytime Phone #

(786) 292-4633

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90133 009 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)