

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90009 047 ***150.00

DOCUMENT #

1. Entity Name **P99000015699.**

AQUATIKA, INC.

Principal Place of Business
 8201 C NW 74 Ave.
 Medley, FL 33166

Mailing Address
 8201 C NW 74 Ave,
 Medley, FL 33166

2. Principal Place of Business

3. Mailing Address

256 NW 42 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

4. FEI Number

65-0928744

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33126-5452

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

KOLSKI, STEPHEN J JR
1700 Alfred I Dupont Building
169 East Flagler st.
Miami FL 33131

Name **Alvarez, Alex**

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

8189 NW 74 ave.

City

Miami

FL

Zip Code

33166

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

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 **Kolski, Stephen J Jr** ☒ Delete
 NAME
 STREET ADDRESS **1700 Alfred I Dupont Building**
 CITY-ST-ZIP **169 East Flagler st.**
Miami FL 33131

TITLE **P,PV,S,T Alvarez, Alex** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **8189 NW 74 ave.**
 CITY-ST-ZIP **Miami FL 33166**

TITLE **Alvarez, Alex** ☒ Delete
 NAME
 STREET ADDRESS **8189 NW 74 Ave.**
 CITY-ST-ZIP **Miami FL 33166**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alex ALVAREZ **4-25-00** **305-887-6844**

CR20034 (0/00)