

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071467

1. Entity Name

ACUA SOLAR INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90949 036 \*\*\*150.00

Principal Place of Business

Mailing Address

3922 N.E. 166TH ST. APT. 205 S  
SUNNY ISLES FL 33160

3922 N.E. 166TH ST. APT. 205 S  
SUNNY ISLES FL 33160-3808

2. Principal Place of Business

17090 COLLINS AVENUE

3. Mailing Address

17090 COLLINS AVENUE

Suite, Apt. #, etc.

B-604

Suite, Apt. #, etc.

B-604

City & State

MIAMI BEACH, FLORIDA

City & State

SUNNY ISLES, FL 33160

Zip

Country

33160

USA

Zip

33160

Country

USA

4. FEI Number

52-2203082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, MARIA ELENA  
3922 NE 166 ST. APT. 205 S  
SUNNY ISLES FL 33160

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

*Maria Elena Gomez*

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, MARIA ELENA	
STREET ADDRESS	3922 N.E. 166TH ST. APT. 205 S	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, FRANCISCO J	
STREET ADDRESS	3922 N.E. 166TH ST. APT. 205 S	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ MARIA ELENA	
STREET ADDRESS	17090 COLLINS AV #B604	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ FRANCISCO J.	
STREET ADDRESS	TRV 13 #119-58	
CITY-ST-ZIP	SANTAFE DE BOGOTA, Colombia S. A.	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA L LARA	
STREET ADDRESS	17090 COLLINS AVE #B604	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
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

*Maria Elena Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 9455928

CR2E034 (9/99)