

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071467

1. Entity Name
ACUA SOLAR INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90101 023 ***150.00

Principal Place of Business
17090 COLLINS AVENUE
B-604
SUNNY ISLES FL 33160

Mailing Address
17090 COLLINS AVENUE
B-604
SUNNY ISLES FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2303082

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

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

Name: Maria Elena Gomez
Street Address (P.O. Box Number is Not Acceptable): 17090 Collins Avenue B-604
City: Sunny Isles FL Zip Code: 33160

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

3/30/01

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

(NOTE: Registered Agent signature required when re-statuting)

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 ☐ Delete
NAME: GOMEZ, MARIA ELENA
STREET ADDRESS: 3922 N.E. 166TH ST. APT. 205 S
CITY-ST-ZIP: SUNNY ISLES FL 33160

TITLE: President ☒ Change ☐ Addition
NAME: Gomez, Maria Elena
STREET ADDRESS: 17090 Collins Ave # B-604
CITY-ST-ZIP: Sunny Isles, FL 33160

TITLE: D ☐ Delete
NAME: GOMEZ, FRANCISCO J
STREET ADDRESS: 3922 N.E. 166TH ST. APT. 205 S
CITY-ST-ZIP: SUNNY ISLES FL 33160

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: Secretary ☒ Change ☐ Addition
NAME: Diana Lara
STREET ADDRESS: 17090 Collins Avenue # B-604
CITY-ST-ZIP: Sunny Isles, FL 33160

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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

3/30/01

Date

Daytime Phone #

(786) 5470495
(305) 9455928

CR2E034 (10/00)