

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083996

1. Entity Name

SKY SPRING WATER, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90324 034 ***150.00

Principal Place of Business

10401 NW 53 STREET
SUNRISE FL 33351

Mailing Address

10401 NW 53 STREET
SUNRISE FL 33351

2. Principal Place of Business

10401 NW 53 ST
Suite, Apt. #, etc.

3. Mailing Address

10401A NW 53RD ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number 65-0955631

Applied For
Not Applicable

Zip
33351

Country
U.S.

Zip
33351

Country
U.S.

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

NASSETA, VINCENT
8015 NW 100 WAY
TAMARAC FL 33321

Name

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

City

FL

Zip Code

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 P
NAME NASSETTA, ROSALIE
STREET ADDRESS 8015 NW 100 WAY
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE VP
NAME NASSETTA, VINCENT
STREET ADDRESS 8015 NW 100 WAY
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Rosalie Nassetta, Sec. 4/24/01 954-572-8595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)