07 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086169

1. Entity Name

AQUARIUS Diagnostic, INC

FILED

03 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
AQUARIUS Diag INC	4882 NW 7 street
Suite, Apt. #, etc.: 4882 NW 7 street	Suite, Apt. #, etc.: 4882 NW 7 street
City & State: Miami Florida	City & State: Miami Florida
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number: 650950921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Osvaldo J. Goecia

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

14944 SW 32 Terrace

City: Miami Florida FL Zip Code: 33185

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: _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (If still Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	President
NAME	Osvaldo J. Goecia
STREET ADDRESS	14944 SW 32 Terrace
CITY-ST-ZIP	Miami Florida 33185
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Osvaldo J. Goecia 04/24/03

(Signature of an OFFICER or DIRECTOR) (Date) (Daytime Phone #)