

2000 UNIFORM BUSINESS REPORT (UBR)

4/22

FILED
May 18, 2000 8:00 am
Secretary of State

04-22-2000 90096 012 ***150.00

DOCUMENT # P99000108358

1. Entity Name
WATER FANTASEAS, INC.

Principal Place of Business 2400 EAST LAS OLAS BLVD., SUITE 180 FORT LAUDERDALE FL 33301	Mailing Address 2400 EAST LAS OLAS BLVD., SUITE 180 FORT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

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 **65-0969298** 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

**RAMIREZ, ARNOLDO A
 7000 ISLAND BLVD., APT. 1001
 MIAMI FL 33160**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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)

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 CHAIRMAN + DIRECTOR <input type="checkbox"/> Delete	NAME RAMIREZ, ARNOLDO A	STREET ADDRESS 7000 ISLAND BLVD., APT. 1001	CITY-ST-ZIP MIAMI FL 33160
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

TITLE PRESIDENT & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PAUL MANCHUK	STREET ADDRESS 7000 Island Blvd. Apt 1001	CITY-ST-ZIP MIAMI FL 33160
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Chairman	ARNOLDO A. RAMIREZ	7000 Island Blvd. Apt 1001
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Arnoldo Ramirez* Chairman April 17, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)