

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03893

1. Entity Name

AQUAFORCE, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90035 027 ***150.00

Principal Place of Business

Mailing Address

15287 SW 169 LANE
MIAMI FL 33187-6721

15287 SW 169 LANE
MIAMI FL 33187-6721

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

65-0306059

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

RAMOS, SILVIO
15287 SW 169 LANE
MIAMI FL 33187-6721

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

Silvio Ramos P.D.

(NOTE: Registered Agent signature required when reinstating)

3/27/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RAMOS, SILVIO
STREET ADDRESS 15287 SW 169 LANE
CITY-ST-ZIP MIAMI FL 33187-6721 ☐ Delete

TITLE PD
NAME RAMOS, SILVIO
STREET ADDRESS 15287 S.W. 169 LANE
CITY-ST-ZIP MIAMI FL 33187-6721 ☐ Change ☐ Addition

TITLE V
NAME RAVELO, TONY
STREET ADDRESS 15287 SW 169 LANE
CITY-ST-ZIP MIAMI FL 33187-6721 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Silvio Ramos P.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2000

Date

Daytime Phone #

CR2E034 (9/99)