#### **FORM D**

### UNITED STATES RECEIVED SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

AUG I 9 2003

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. . . . . . 16.00

# SEC USE ONLY Prefix Seriel DATE RECEIVED

114655

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMP	TION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
AQUACELL TECHNOLOGIES, INC. Filing Under (Check box(es) that apply): Rule 504 🔀 Rule 505 🔀 Rule 506 🔀 Section 4(6)	7 ULOE
Type of Filing: New Filing Amendment	OLLE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  AQUACELL TECHNOLOGIES, INC.	03059248
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
10410 TRADEMARK ST. RANCHO CUCAMONGA. CA 91730	(800) 326-5222
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
MANUFACTURE AND SALE OF PRODUCTS FOR WATER FILTRA	TION
Type of Business Organization	PROCESSE
∑ corporation	ase specify):
Month Year	
Actual or Estimated Date of Incorporation or Organization:  [OB]  [OB]  [OB]  [Actual	THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or S 77d(6).	dection 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belowhich it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549	).
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed copy or bear typed or printed signatures.	igned. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report to thereto, the information requested in Part C, and any material changes from the information previously supplied not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Secare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for th accompany this form. This notice shall be filed in the appropriate states in accordance with state law. This notice and must be completed.	urities Administrator in each state where sales are exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exen	option. Conversely failure to file the
appropriate federal notice will not result in a loss of an available state exemption unless filing of a federal notice.	

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION GADA							
2. Enter the information requested for the following:							
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.						
• Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and						
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: Promoter D Beneficial Owner D Executive Officer Director	General and/or						
WITHAM, JAMES C.	Managing Partner						
Full Name (Last name first, if individual)							
10410 TRADEMARK STREET, RANCHO CUCAMONGA, CA 91730							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director	General and/or						
LAUSTSEN, KAREN B.	Managing Partner						
Full Name (Last name first, if individual)							
10410 TRADEMARK STREET, RANCHO CUCAMONGA, CA 91730	<b>////</b>						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner A Executive Officer Director	General and/or						
WOLFF, GARY S.	Managing Partner						
Full Name (Last name first, if individual)							
10410 TRADEMARK STREET, RANCHO CUCAMONGA, CA 91730 Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer M Director  DITURO, WILLIAM	General and/or Managing Partner						
Full Name (Last name first, if individual)							
10410 TRADEMARK STREET, RANCHO CUCAMONGA, CA 91730							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director	General and/or						
BERGENFIELD, GLENN A.	Managing Partner						
Full Name (Last name first, if individual)	<del></del>						
10410 TRADEMARK STREET, RANCHO CUCAMONGA, CA 91730							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or						
	Managing Partner						
Full Name (Last name first, if individual)	***************************************						
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)							

					B. 19	FORMAT	ION ABOU	i offeri	NG					
1.	Has the	ssuer sold.	, or does th	e issuer in	itend to sel	I, to non-a	ccredited i	nvestors in	this offeri	ng?		Yes	No.	
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								_					
2.	2. What is the minimum investment that will be accepted from any individual?								<u>\$_50</u>	,000				
3.	Does the	offering p	ermit joint	ownershi	o of a singl	le unit?						Yes [Ā]	No □	
4.											irectly, any			
											he offering. with a state			
			me of the br you may se							ciated pers	sons of such			
Ful	I Name (L	ast name f	irst, if indi	vidual)					·					
Due			CAPITA Address (Ni			tri Stato 7	(in Codo)	<del> </del>					<del></del>	
Bus	1875	Cent	ury Pa	rk Ea	ist, S	uite	700, I	os An	geles,	, CA S	0087			
Nar	ne of Ass	ociated Bro	oker or Dea	lcr	,									
Stat	tes in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check "	All States'	or check i	ndividual	States)		***************************************	•••••				All States		
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT]	NE SC	NV SD	NH TN	(NJ)	NM UT	NY) VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	
						<u> </u>								
Ful	l Name (L	ast name f	īrst, if indiv	vidual)										
Bus	iness or	Residence	Address (N	umber and	d Street, C.	ity, State, 2	Zip Code)					_		
Nar	ne of Assi	ociated Bro	oker or Dea	ler	_			<del></del>						
_								·				<del></del>		
Stat			Listed Has ' or check i										l States	
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO	
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VΑ	WA	WV	WI	WY	PR	
Full	l Name (L	ast name f	irst, if indiv	vidual)						-		_		
Bus	iness or	Residence	Λddress (N	umber and	d Street, C	ity, State, 2	Zip Code)							
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)							States							
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL MT	IN NE	NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price	,	An	nount Already Sold
	Debt	5		\$	
	Equity Unit comprised of 1 common share & 1 warrant			s 8	26,050
	☐ Common ☐ Preferred		_		
	Convertible Securities (including warrants)	}		\$	
	Partnership Interests		-		
	Other (Specify)				
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.		_		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors			Aggregate ollar Amount of Purchases
	Accredited Investors			-	26,050
	Non-accredited Investors		_	Ψ	<u>.</u>
				_	· · · · · · · · · · · · · · · · · · ·
	Total (for filings under Rule 504 only)		_	<b>p</b>	<u></u>
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Turn of Offician	Type of Security	*	D	ollar Amount
	Type of Offering	Security		٠8	-Sold 106,550
	Rule 505 Equity	N/A	-	\$	N/A
	Rule 504		-	ه_ •	N/A
	Total		-	<b>⊕</b> _	306,550
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	Ф <u>С</u>	.00,330
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		$\Box$	\$	
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)		X	\$	82,605
	Other Expenses (identify)		コ	\$	
	Total		3	\$	82,605

	· · · · · · · · · · · · · · · · · · ·			
	b. Enter the difference between the aggregate offerior and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gros	SS	s 743,445
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate an the payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🗆 \$	
	Purchase of real estate		. 🔲 \$	
	Purchase, rental or leasing and installation of mach and equipment	ninery	. □ \$	\$
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	e of securities involved in this		
	Repayment of indebtedness		_	
	Working capital			_
	Other (specify):			
			. 🗆 \$	. 🗆 \$
	Column Totals		. 🗆 \$	
	Total Payments Listed (column totals added)		· <u> </u>	43,445
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnisformation furnished by the issuer to any non-according to the issuer to the issuer to the issuer to any non-according to the issuer to any non-according to the issuer to	ish to the U.S. Securities and Exchange Comm	ission, upon writte	ile 505, the following on request of its staff
Iss	er (Print or Type)	Signature	Date 1 200	
	JACELL TECHNOLOGIES, INC.		X 7 120	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
JA	MES C. WITHAM	CEO		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)