

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90379 003 ***150.00

DOCUMENT # P97000035422

1. Entity Name
FLORIDA ENVIRONMENTAL TECHNOLOGIES, INC.

Principal Place of Business 9517 MAGESTIC WAY BOYNTON BEACH FL 33437	Mailing Address 9517 MAGESTIC WAY BOYNTON BEACH FL 33437
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2. Principal Place of Business 9555 Old Pine Rd.	3. Mailing Address 9555 Old Pine Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Boca Raton, Fl.	City & State Boca Raton, Fl.
Zip 33428	Country Palm Beach

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHWARTZ, RONALD
 9555 OLD PINE ROAD
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent
 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 *Ronald Schwartz* C.E.O. *Ronald Schwartz* 4/21/01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEVINE, ROBERT 9517 MAGESTIC WAY BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHWARTZ, RONALD 9555 OLD PINE ROAD BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. Tres. Chairman, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schwartz, Ronald 9555 Old Pine Road Boca Raton, Fl. 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, C.E.O. Tres. Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schwartz, Ronald 9555 Old Pine Road Boca Raton, Fl. 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman, Pres. Sec. Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Levine, Robert 9517 Magestic Way Boynton Beach Fl. 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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 IFE empowered.

SIGNATURE: *Ronald Schwartz* 4/21/01 561-488-5838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)