## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am **DOCUMENT # K34358** Secretary of State JETSTREAM WATER PRODUCTS, INC. 05-08-2000 90190 049 \*\*\*158.75 Principal Place of Business Mailing Address 1402 E. LAS OLAS BLVD. 1402 E. LAS OLAS BLVD. SUITE 502 SUITE 502 NUUUUUUU FT. LAUDERDALE FL 33301-2336 FT. LAUDERDALE FL 33301 US 2. Principal Place of Business 3. Mailing Address LAS OLAS BLVD E. LAS OLAS BLUD 1314 E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 502 City & State 4. FEI Number Applied For 65-0072381 RDALE, FL. Not Applicable \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required ROWARD 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MUSSO MUSSO, PAUL F. Street Address (P.O. Box Number is Not Acceptable) 1402 E LAS OLAS BLVD #502 FT. LAUDERDALE FL 33301 LAS OLAS BUVD LAUDERDALE 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE MUSSO, PAUL F. 1314 E. LAS OLAS BLVD. # 502 MUSSO, PAUL F. NAME 1402 E LAS OLAS BLD #502 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP T. LAUDERDALE, FL. 33301 CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP [ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat