

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90143 045 ****50.00

DOCUMENT # L00000014371

1. Entity Name

PURE WATER DEVELOPMENT, LLC.

Principal Place of Business

**100 N. BISCAYNE BLVD., 21ST FLOOR
 MIAMI FL 33132-2306**

Mailing Address

**100 N. BISCAYNE BLVD., 21ST FLOOR
 MIAMI FL 33132-2306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1078235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUR, THOMAS
 100 N. BISCAYNE BLVD., 21ST FLOOR
 BAUR, KLEIN, MATOS & RIEDI
 MIAMI FL 33132-2306**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM KONZETT, ALFRED**
 STREET ADDRESS **FLORIANSTRASSE 3, A-6063 RUM BEI INNSBRUCK**
 CITY-ST-ZIP **AUSTRIA**

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

TITLE ☐ Delete
 NAME **MGRM PREGENZER, BRUNO**
 STREET ADDRESS **FLORIANSTRASSE 3, A-6063 RUM BEI INNSBRUCK**
 CITY-ST-ZIP **AUSTRIA**

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

TITLE ☐ Delete
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305/377-3561

CR2E083 (9/01)