

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M57253

1. Entity Name

PURITY ENTERPRISES, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90066 045 ***158.75

| | |
|--|---|
| Principal Place of Business RUSSO, ALLEN, BAKE, & SILVERMAN, PA 4675 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES FL 33146 | Mailing Address RUSSO, ALLEN, BAKE, & SILVERMAN, PA 4675 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES FL 33146-2113 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|----------------|--|----------------|---|--|--|
| 2. Principal Place of Business 825 Brickell Bay Drive Suite, Apt. #, etc. Tower III - Suite 1650 | | 3. Mailing Address P.O. Box 453200 Suite, Apt. #, etc. | | 4. FEI Number 65-0011165 | | Applied For <input type="checkbox"/> Not Applicable |
| City & State Miami, Florida | | City & State Miami, Florida | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| Zip 33131 | Country USA | Zip 33245 | Country USA | | | |

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|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent RUSSO, EDMUND P., ESQ. 4675 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33146 | | | | 7. Name and Address of New Registered Agent Name Gladys Patino Street Address (P.O. Box Number is Not Acceptable) 825 Brickell Bay Drive Tower III - Suite 1650 City Miami, Florida FL Zip Code 33131 | | | |
|---|--|--|--|---|--|--|--|

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

Gladys Patino, Secretary/Director

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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|---|--|--|---|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RUSSO, EDMUND P. 4675 PONCE DE LEON BLVD. CORAL GABLES FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SISLER, GARY 825 Brickell Bay Dr., Tower III - #1650 Miami, Florida 33131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RUSSO, LAURA L. 4675 PONCE DE LEON BLVD. CORAL GABLES FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PATINO, GLADYS 825 Brickell Bay Dr., Tower III - #1650 Miami, Florida 33131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(305) 372-0404

Date

Daytime Phone #

CR05004 (0/00)