

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90328 016 ***150.00

DOCUMENT # P00000032701

1. Entity Name

WATER WIZARD USA, INC.

Principal Place of Business

**2200 SOUTHEAST 8TH STREET
POMPANO BEACH FL 33062**

Mailing Address

**POST OFFICE BOX 903
POMPANO BEACH FL 33061**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

ALEX SOTO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
915 MIDDLE RIVER DRIVE

SUITE 304

City

FORT LAUDERDALE

FL

Zip Code
33304

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

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, 2002 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 **PD** ☐ Delete
NAME **LONGO, JOHN J**
STREET ADDRESS **2200 SOUTHEAST 8TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **STD** ☐ Delete
NAME **LONGO, RAQUEL A**
STREET ADDRESS **2200 SOUTHEAST 8TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VPD** ☐ Delete
NAME **ARANGO, JAIRO L**
STREET ADDRESS **16172 LAUREL DRIVE**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **JAIRO ARANJO**
STREET ADDRESS **2200 SOUTHEAST 8TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **VPD** ☒ Change ☐ Addition
NAME **RAQUEL A. LONGO**
STREET ADDRESS **2200 SOUTHEAST 8TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **JOHN LONGO**
STREET ADDRESS **2200 SOUTHEAST 8TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **LUZ STELLA MARINA**
STREET ADDRESS **2200 SOUTHEAST 8TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 954-946-5223

CR2E034 (9/01)