

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 012 ***150.00

DOCUMENT # **P010000 P3446**

1. Entry Name

WATER Purification of S. Fl., Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6611 Winfield Blvd

Suite, Apt. #, etc.
#105

City & State

MARGATE FL.

Zip

33063

Country

USA

3. Mailing Address

6611 Winfield Blvd

Suite, Apt. #, etc.
#105

City & State

MARGATE FL.

Zip

33063

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1133001

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Eduardo MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)

6611 Winfield Blvd

#105

City
MARGATE

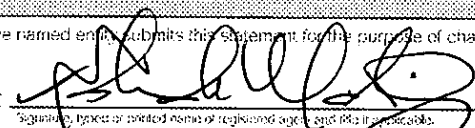
FL

Zip Code
33063

**DO NOT WRITE
IN THIS SPACE**

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 of agent or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

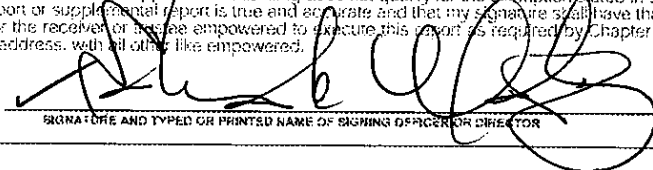
TITLE	P
NAME	Eduardo MARTINEZ
STREET ADDRESS	6611 Winfield Blvd #105
CITY- ST- ZIP	MARGATE FL. 33063
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 assignee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 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 #

CR2E034B (12/01)