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

05-27-2002 90450 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083446

1. Entity Name
WATER Purification of S. Fl., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6611 Winfield Blvd		6611 Winfield Blvd	
Suite, Apt. #, etc. #105		Suite, Apt. #, etc. #105	
City & State MARGATE Fl.		City & State MARGATE Fl.	
Zip 33063	Country USA	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

DO NOT WRITE IN THIS SPACE

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

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) ☐

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	TITLE	
NAME	Eduardo MARTINEZ	NAME	
STREET ADDRESS	6611 Winfield Blvd #105	STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL. 33063	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)(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 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)