2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31826

| PURAD | | ECHNOLOGIES IN | ICORPORATED | | | | | | | y of St 93 047 ***15 | |
|---|--------------------------|---------------------------------|--|--------------|--|------------------|---|-------------------------|------------------|--------------------------------|--|
| Principal Place | ce of Business | | Mailing Address 3020 HIGH RIDGE RD STE 100 BOYNTON BCH FL 33426 US | | | | | | | | |
| ste 100 Boynton BCH JS | H FL 33426 | | | | | | £ 188118 | il (86 1118) 11801 1811 | | E() 2363(8(8)(2)8() 8) | 2 11 2 1 2 1 1 1 1 1 1 1 |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. City & State | | | Suite, Apt. #, etc. City & State | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 4. FEI Number 14-1708544 Applied For Not Applicable | | | | |
| Zip Co | | ountry | Zip | Cour | ntry | | 5. Certificate | of Status Desi | red 🔲 | \$9.75 | ditional |
| | 6. Name and | Address of Current R | egistered Agent | • | | | 7. Name and | Address of N | ew Registe | ered Agent | · · · · · · · · · · · · · · · · · · · |
| | | | | | Name | | | | | | |
| FORD, RICHARD 4720 S. OCEAN BLVD. | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| HIGH | HLAND BCH. FL | . 33487 | | | | | | | • | | |
| | | | | | City | | | | | FL Zip Coo | le |
| 8. The above | e named entițy sub | omits this statement for | the purpose of changing its | s register | ed office o | r registered | agent, or bo | oth, in the State | of Florida. | • | |
| SIGNATURE . | Signature, typed or prin | ted name of registered agent an | d title if applicable. (NOT | E: Registere | d Agent signa | ture required wh | en reinstating) | | D |)ATÉ | |
| | oration is eligible t | o satisfy its Intangible | FILE NOW | !!! FEE | IS \$150. | .00 | | ection Campaig | | | O May Be |
| 9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back) OFFICERS 4N OFFICERS 4 | | | After MAY 1, 20 Make Check Payal | | | | Tri | ust Fund Contri | bution. | | d to Fees |
| 11. | | OFFICERS AND D | IRECTORS | 12. | | | ADDITIONS, | CHANGES TO | OFFICERS | AND DIRECTOR | S IN 11 |
| IITLE | CCEO | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | FORD, RICHA | | | NAM | | İ | | | | | |
| CITY-ST-ZIP | 4720 S. OCEA | | | | ET ADDRESS -ST-ZIP | | | | | | Ì |
| TITLE | HIGHLAND BO | л. rl. 3348/ | ☐ Delete | TITLE | | 1 | | | | ☐ Change | ☐ Addition |
| NAME | SANDLER, AL | AN J | Delété | NAM | | | | | | Onlinge | Addition |
| STREET ADDRESS | 21621 MAGDE | | | STRE | ET ADDRESS | ŀ | | | | | |
| CITY-ST-ZIP | BOCA RATON | | | CITY | -ST-ZIP | | | | | | |
| TITLE | PR. | | ☐ Delete | TITLE | | PRES | DENT | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAMI | E Et address | KEV | IN K | 806EL | 0 | atan cana . | |
| CITY-ST-ZIP | | | | | -ST-ZIP | 3911 | / W. > | MILE | ROAD, | #FIDI | |
| TITLE | | | ☐ Delete | TITLE | | Chief | FINANCE | of Officer | | ☐ Change | Addition |
| VAME | | | | NAME | | Freor | ick W | SM. th | . <i>W</i> | | 7 |
| STREET ADDRESS | | | | | ET ADDRESS | 18 5 CU | 7 7071 Ratos | FL. 3 | 3 <i>433</i> | | |
| CITY-ST-ZIP | | | | CITY- | ST-ZIP | 561- | 477-84 | 12- | | | |
| TLE | | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition |
| IAME | ı | | | NAME | | | | | | | |
| TREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS ST-ZIP | 1 | | | | | |
| ITLE | | | □ Delete | TITLE | | - | | | | ☐ Change | Addition |
| IAME | | | m neiere | NAME | | | | | | — опануе | ☐ Addition |
| TREET ADDRESS | | | | | T ADDRESS | | | | | |] |

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED O