## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P93000012395** Feb 15, 2000 8:00 am 1. Entity Name WATERWORKS OF BOCA INC. **Secretary of State** 02-15-2000 90028 024 \*\*\*150.00 Principal Place of Business Mailing Address 600 S.ANDREWS AVE 10555 N.W. 53RD SUNRISE FL 33351 SUITE 400 FT.LAUDERDALE FL 33301-2861 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 65-0391075 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Green, Bruce D Street Address (P.O. Box Number is Not Acceptable) 600 S. ANDREWS AVE SUITE 400 FT. LAUDERDALE FL 33316 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD L Delete TITLE ☐ Change Addition TITLE LINZER, LESLIE NAME NAME STREET ADDRESS STREET ADDRESS 10555 NW 53RD STREET CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Addition VST TITLE ☐ Change Delete LINZER, CHARLES NAME NAME STREET ADDRESS 10555 N.W. 53 STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SUNRISE FL 33351 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2000

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