2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063638

1. Entity Name

HEALTHY WATER SYSTEM, INCORPORATED

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90023 009 ***150.00

Principal Place of Business	Mailing Address
4410 W HIALEAH STE 5-124 HIA FL 33012 US	4410 W 16TH AVE STE 184 MIAMI FL 33012-7100 US

AUU47040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4410 W Hialeah	4410 W 16TH AVE
Suite, Apt. #, etc. 5-124	Suite, Apt. #, etc. 5-124
City & State Hialiah Fla	City & State Hialiah FL. 33012-7100
Zip 33012 / Country Dade	Zip 33012-7100 / Country Dade

4. FEI Number 65-0436921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZULUAGA ALVARO
BULUAGA, ALVARDO
334 LAKEVIEW DR B-53 #102
WESTON FL 33326

7. Name and Address of New Registered Agent

Name Alvaro Zuluaga
Street Address (P.O. Box Number is Not Acceptable) 334 LAKEVIEW DR B-53 #102
City Weston FL Zip Code 33326

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] 4-16-2000
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZULUAGA, ALVARDO 334 LAKE VIEW DR B53 #102 WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZULUAGA, M 10449 NW 8 ST PEMBROKE PINES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-16-2000 9543494349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)