

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 93000063638

1. Entity Name

HEALTHY WATER SYSTEM INC.

Principal Place of Business

Mailing Address-

334 LAKEVIEW DR B-53 #102 SAME  
WESTON, FLA. 33326

2. Principal Place of Business

3. Mailing Address

334 LAKEVIEW DR B-53 #102

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

WESTON FL

City & State

Zip

33326

Country

Zip

Country

4. FEI Number

65-0436921

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARO ZULUAGA  
334 LAKEVIEW DR B-53 #102  
WESTON, FLA 33326

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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, 2001 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: President  
NAME: ALVARO ZULUAGA  
STREET ADDRESS: 334 LAKEVIEW DR B-53 #102  
CITY-ST-ZIP: WESTON FLA 33326 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addit

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addit

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addit

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addit

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addit

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addit

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-02 305 3424788