

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90101 028 \*\*\*150.00

DOCUMENT # *P95 0000 33001*  
1. Entity Name  
*PURE WATER FILTERS INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*11020 SW 57 ST*  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. BOX 65 2232*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*MIAMI FL*

City & State  
*MIAMI FL*

Zip Country  
*33173 USA*

Zip Country  
*33265 USA*

4. FEI Number  
*65 0667 476*

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  
*RICARDO ALVAREZ*

Street Address (P.O. Box Number is Not Acceptable)  
*11020 SW 57 ST*

City  
*MIAMI* **FL** Zip Code  
*33173*

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]* (NOTE: Registered Agent signature required when reinstating) DATE *4/18/02*

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so  **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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES. RICARDO ALVAREZ 11020 SW 57 ST MIAMI FL 33173</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP-T-S. YOLANDA ALVAREZ 11020 SW 57 ST. MIAMI FL 33173</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 reports 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]* (305) 596 1787 4/18/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #