

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90016 021 \*\*\*158.75

**DOCUMENT # P99000105939**

**1. Entity Name**

**PURE WATER TECHNOLOGIES, INC.**

**Principal Place of Business**

**Mailing Address**

**6380 HAWKES BLUFF AVE.  
 DAVIE, FL 33331**

**2. Principal Place of Business**

**6380 HAWKES BLUFF AVE.**

**3. Mailing Address**

**c/o AGI Registered Agents, Inc.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**1200 Brickell Ave, Suite 900**

**City & State**

**DAVIE, FLORIDA**

**City & State**

**Miami Florida**

**Zip**

**33331**

**Country**

**USA**

**Zip**

**33331**

**Country**

**U.S.A**

**4. FEI Number**

**65-0966784**

**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**

**AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVE, SUITE 900  
 MIAMI FL 33131**

**Name**

**AGI Registered Agents, Inc.**

**Street Address (P.O. Box Number is Not Acceptable)**

**1200 Brickell Avenue**

**Suite 900**

**City**

**Miami**

**FL**

**Zip Code**

**33131**

**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]*, **President**

(NOTE: Registered Agent signature required when reinstating)

**6/15/01**  
**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, 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**

|                       |                               |                                 |
|-----------------------|-------------------------------|---------------------------------|
| <b>TITLE</b>          | <b>D</b>                      | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>ZAYAS, EDWARD</b>          |                                 |
| <b>STREET ADDRESS</b> | <b>6380 HAWKES BLUFF AVE.</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>DAVIE, FL 33331</b>        |                                 |
| <b>TITLE</b>          | <b>D</b>                      | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>EYEN, GARY</b>             |                                 |
| <b>STREET ADDRESS</b> | <b>6380 HAWKES BLUFF AVE.</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>DAVIE, FL 33331</b>        |                                 |
| <b>TITLE</b>          |                               | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                               |                                 |
| <b>STREET ADDRESS</b> |                               |                                 |
| <b>CITY-ST-ZIP</b>    |                               |                                 |
| <b>TITLE</b>          |                               | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                               |                                 |
| <b>STREET ADDRESS</b> |                               |                                 |
| <b>CITY-ST-ZIP</b>    |                               |                                 |
| <b>TITLE</b>          |                               | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                               |                                 |
| <b>STREET ADDRESS</b> |                               |                                 |
| <b>CITY-ST-ZIP</b>    |                               |                                 |
| <b>TITLE</b>          |                               | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                               |                                 |
| <b>STREET ADDRESS</b> |                               |                                 |
| <b>CITY-ST-ZIP</b>    |                               |                                 |

|                       |  |   |
|-----------------------|--|---|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |

**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]*, **asst. secy.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/15/01**