

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

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90056 026 \*\*\*150.00

**DOCUMENT #** P99000105939

**1. Entity Name**  
PURE WATER TECHNOLOGIES, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business** **3. Mailing Address**  
Flamingo Park of Commerce Flamingo Park of Com.

Suite, Apt. #, etc.  
**12054 Miramar Pkwy.** **12054 Miramar Pkwy.**

City & State  
**Miramar, FL** **Miramar, FL**

Zip Country  
**33025 USA** **33025 USA**

**4. FEI Number**  
**65-0966784**

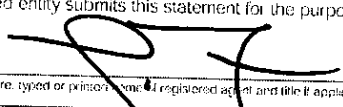
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name  
**EDWARD ZAYAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**12054 Miramar Pkwy**

City  
**Miramar** **FL** Zip Code  
**33025**

**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** 

(NOTE: Registered Agent signature required when reappointing)

DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** (See criteria on back) ☐

**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** **PSTD**  
**STREET ADDRESS** **EDWARD ZAYAS**  
**CITY- ST- ZIP** **6380 Hawkes Bluff Avenue**  
**Davie, FL 33331**

**TITLE**  
**NAME** **PSTD**  
**STREET ADDRESS** **MURAT KILCI**  
**CITY- ST- ZIP** **18488 NW 23rd Place**  
**Pembroke Pines, FL 33029**

**TITLE**  
**NAME** **PSTD**  
**STREET ADDRESS** **GARY EYEN**  
**CITY- ST- ZIP** **1035 San Luis Rey**  
**Weston, FL 33326**

**TITLE**  
**NAME** **PSTD**  
**STREET ADDRESS** **MANUEL E. QUINONES**  
**CITY- ST- ZIP** **6097 Branchwood Drive**  
**Lake Worth, FL 33467**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employees.**

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/2002 954-441-7873**

Daytime Phone #

**X-105**

CR2E034B (12/01)