

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90156 017 ***150.00

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DOCUMENT # S12158
 1. Entity Name
WATER ENGINEERING CONCEPTS CORP.

Principal Place of Business 785 NE 206TH STREET NORTH MIAMI BEACH FL 33179 US	Mailing Address 785 NE 206 STREET NORTH MIAMI BEACH FL 33179 US
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2. Principal Place of Business 522 N.E. 195 STREET	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State N. MIAMI BEACH FL	City & State
Zip 33179	Country FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0296303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DESLAURIERS, ROBERT N 785 NE 206 ST CHANGA N MIAMI BCH FL 33179 ADDRESS	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 522 N.E. 195 STREET City N. MIAMI BEACH FL Zip Code 33179
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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 reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESLAURIERS, ROBERT N 785 NE 206 ST N MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS 522 N.E. 195 STREET N. MIAMI BEACH FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VAILLANCOURT, DANIELLE 785 NE 206 ST N MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS 522 N.E. 195 STREET N. MIAMI BEACH FL 33179
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: R.N. DESLAURIERS **PRESIDENT** 4/20/2001 **(305) 655-0011**

CR2E034 (10/00)