

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # 734886

1. Entity Name

ASSOCIATED SWIMMING POOL INDUSTRIES OF FLORIDA, R

**FILED**  
Jul 12, 2000 8:00 am  
Secretary of State

06-13-2000 90010 050 \*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 654535  
MIAMI FL 33265  
US

P O BOX 654535  
MIAMI FL 33265-4535  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1657925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, HERBERT  
1550 W. 84TH ST.  
HIALEAH FL 33014

Name ROBERT KATON

Street Address (P.O. Box Number is Not Acceptable)  
1800 S.W. 92ND PLACE

City Miami

FL

Zip Code 33165

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME KATON, ROBERT W.  
STREET ADDRESS 1800 SW 92ND PLACE  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE D  
NAME MARILYN SCHWITZER  
STREET ADDRESS 7295 BIRD ROAD  
CITY-ST-ZIP MIAMI, FL 33155 ☒ Change ☐ Addition

TITLE V  
NAME CHAZEN, IRVING  
STREET ADDRESS 13250 SW 131 ST #100  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE P  
NAME EMILIO STELLA  
STREET ADDRESS 9280 CARLYLE AVE  
CITY-ST-ZIP SURFIDE FL 33154 ☒ Change ☐ Addition

TITLE VD  
NAME RANDY SCHWARTZ  
STREET ADDRESS 9115 SW 117TH CT  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME SHAHD, HANNA  
STREET ADDRESS P.O. BOX 630237 N/A  
CITY-ST-ZIP MIAMI FL 33163 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME RUBIN, RONALD  
STREET ADDRESS 9100 SOUTH DADELAND BLVD  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 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

6-8-00

Date

Daytime Phone #

CR2E03719599