

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90093 022 ***150.00

DOCUMENT # P96000084532

1. Entity Name
FERMAN POOLS INC.

Principal Place of Business 17900 SW 92 CT MIAMI FL 33157 US	Mailing Address 17900 SW 92 CT MIAMI FL 33157 US
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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 **65-0722953** 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

FERMAN, ELIDER E
17900 SW 92 COURT
MIAMI FL 33157

Name-
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	FERMAN, ELIDER E	8600 SW 67TH AVE., APT. 928	MIAMI FL 33143	<input type="checkbox"/>	<input type="checkbox"/>
VPD	FERMAN, MARIA P.	8600 SW 67 AVE., APT 928	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
D	FERMAN, ELIDER E	17900 SW 92 CT	MIAMI FL 33157	<input type="checkbox"/>	<input type="checkbox"/>
VPD	FERMAN, MARIA P	17900 SW 92 CT	MIAMI FL 33157	<input type="checkbox"/>	<input type="checkbox"/>
D	ELIDER FERMAN E	17900 SW 92 CT	Miami FL 33157	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Elider Ferman* **ELIDER FERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/01 **01/05/01** *305 254 0645* **305 254 0645**
Date Daytime Phone #