

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

0313698 AV

05-07-2003 90138 022 ***150.00

DOCUMENT # **P97000067383**



1. Entity Name
CANNONBALL POOL & SPA, INC.

Principal Place of Business
**8255 SOUTHWEST 140TH AVENUE
MIAMI FL 33183**

Mailing Address
**8255 SOUTHWEST 140TH AVENUE
MIAMI FL 33183**



2. Principal Place of Business
12453 SW 130th St.

3. Mailing Address
12453 SW 130th St.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State, **Miami, FL** City & State, **Miami, FL.** 4. FEI Number **65-0771313** Applied For
Not Applicable

Zip **33186** Country **USA** Zip **33186** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent
Name **Corporation Company of Miami**
Street Address (P.O. Box Number is Not Acceptable) **201 S. BISCAYNE BLVD, Suite 1500HEP**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Felicita Hickey* **Felicita Hickey, Asst. Secretary** 5-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATA, JOSEPH P 8255 SOUTHWEST 140TH AVENUE MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lata, Joseph P. P/D 12453 SW 130th St. Miami, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LATA, SUSAN A 8255 SOUTHWEST 140TH AVENUE MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lata, Susan S/T/D 12453 SW 130th St. Miami, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Susan Lata* **Susan Lata** Date **4-30-03** Daytime Phone # **3052530024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)