2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000008569** Sep 12, 2000 8:00 am 1. Entity Name **BLUE DIAMOND POOL CORPORATION** Secretary of State 09-12-2000 90240 050 ***150.00 Principal Place of Business Mailing Address 950 VISTA PALMA WAY 950 VISTA PALMA WAY ORLANDO FL 32825-6359 ORLANDO FL.32825-6359 2. Principal Place of Business 3. Mailing Address Palma WAY 950 VISTA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 59-3491044 IR 1- ANDO" Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required orange 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, MILTON J Street Address (P.O. Box Number is Not Acceptable) 950 VISTA PALMA WAY ORLANDO FL 32825-6359 Zip Code FL 85, 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE TITLE Delete NAME LOPEZ, MILTON J NAME STREET ADDRESS STREET ADDRESS 950 VISTA PALMA WAY CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32825 ☐ Delete ☐ Change Addition TITLE LOPEZ, DAISY STREET ADDRESS STREET ADDRESS 950 VISTA PALMER-WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trusfee 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 all other like empowered.

MED NAME OF SIGNING OFFICER OR DIRECTOR

BLUE DIAMOND POOL

Odlachment 8569 047 P080000 8569 050 VISTA PALMA WAY ORLANDO FL 32325 ORANGE

Phone 407 482-2222
Fax BLUE DIAMOND POOL@AOL.COM

September 05, 2000

Florida Department of States Divisions of Corporations Tallahassee, Florida

To whom it may concern:

As you know, we are a small corporation starting from the past year. When we receive this report, we get confused whith otres papers we been filled in the past, and thinking taht this were paid. when we take those papers to the person that advised us, our accountant and he tell us that we suposse to send this report right away or we can loose our corporation, we need to contact your office as soon as possible. We call to your office and they tell us that we need to send a letter explained what happend and send a check for 150.00.

Please we need you to help us and understand us, we are making a big effort to grow in our business.

We are the parents of 3 kids, and we traying with a lot of work, to build our vision.

We ll be sure that in a future we will send this report at the exactly date. We ll be glad for everything you can do for us and our family.

Sincerely,