

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 227442  
1. Entity Name  
South MIAMI Pool Co. Inc.

Principal Place of Business Mailing Address  
8757 NW 140 LN  
MIAMI LAKES FL 33018

2. Principal Place of Business 3. Mailing Address  
8757 NW 140 LN SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
MIAMI LAKES FL MIAMI LAKES FL  
Zip Country Zip Country  
33018 USA 33018 USA

6. Name and Address of Current Registered Agent  
WILLIAM P Oster Jr  
8772 SW 131 st  
MIAMI FL 33176

4. FEI Number  
590880649

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name ALAN E LAURENT  
Street Address (P.O. Box Number is Not Acceptable)  
8757 NW 140 LN  
MIAMI LAKES  
City FL Zip Code 33018

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] DATE: 8/20/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	WILLIAM P Oster Jr	<input checked="" type="checkbox"/> Delete	TITLE	Teresa A Laurent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8772 SW 131 st	President	NAME	8757 NW 140 LN	(President)
STREET ADDRESS	MIAMI FL 33176		STREET ADDRESS	MIAMI LAKE FL 33018	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SECRETARY L TR	<input checked="" type="checkbox"/> Delete	TITLE	ALAN E LAURENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Oster		NAME	8757 NW 140 LN	(Vice Pres)
STREET ADDRESS	8772 SW 131 st		STREET ADDRESS	MIAMI LAKES FL 33018	
CITY-ST-ZIP	MIAMI FL 33018		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	WILLIAM P Oster Jr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	10000 SW	Secretary
STREET ADDRESS			STREET ADDRESS	MIAMI FL 33176	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	ELOY LAURENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	8757 NW 140 LN	Treasurer
STREET ADDRESS			STREET ADDRESS	MIAMI LAKE FL 33018	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] DATE: 8/20/01 305 3339939

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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