

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Mar 01, 2001 8:00 am  
Secretary of State

01-30-2001 90023 032 \*\*\*\*61.25

DOCUMENT # 734886

1. Entity Name

ASSOCIATED SWIMMING POOL INDUSTRIES OF FLORIDA.

Principal Place of Business

Mailing Address

P O BOX 654535  
MIAMI FL 33265  
US

P O BOX 654535  
MIAMI FL 33265  
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

KATON, ROBERT  
1800 SW 92ND PLACE  
MIAMI FL 33165

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

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	<input checked="" type="checkbox"/> Delete
NAME	KATON, ROBERT W.	
STREET ADDRESS	1800 SW 92ND PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHAZEN, IRVING	
STREET ADDRESS	13250 SW 131 ST #100	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RANDY SCHWARTZ	
STREET ADDRESS	9115 SW 117TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHAHD, HANNA	
STREET ADDRESS	P.O. BOX 630237 N/A	
CITY-ST-ZIP	MIAMI FL 33163	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, RONALD	
STREET ADDRESS	9100 SOUTH DADELAND BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWITZER, MARILYN	
STREET ADDRESS	7295 S.W. 40th ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	<del>STELLA, EMILIO</del> V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STELLA, EMILIO	
STREET ADDRESS	P.O. BOX 6201	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBALL, FRED	
STREET ADDRESS	7715 S.W. 122nd ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D (1)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 630736	
CITY-ST-ZIP	MIAMI, FL 33163	
TITLE	D (2)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN ESSIG	
STREET ADDRESS	1800 NE 151st ST	
CITY-ST-ZIP	NORTH MIAMI, FL 33162	
TITLE	D (3)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT KATON	
STREET ADDRESS	1800 S.W. 92 PLACE	
CITY-ST-ZIP	MIAMI, FL 33165	

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 (Typed Name)

1/22/01

305 937 1165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)