

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90189 045 ***150.00

DOCUMENT # **F94553**
 1. Entity Name **IBARRA Pool & Spa Corp.**

Principal Place of Business Mailing Address
11035 BIRD Rd. **11035 BIRD Rd.**
MIAMI FL 33165 **MIAMI FL 33165**
US **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 **59-2212057**
 Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANA IBARRA
6238 SW 50st
MIAMI FLA 33155

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PD		NAME		
STREET ADDRESS	IBARRA ANA		STREET ADDRESS		
CITY-ST-ZIP	6238 SW 50st		CITY-ST-ZIP		
	MIAMI FLA 33155				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VSD		NAME		
STREET ADDRESS	IBARRA RAYMOND E.		STREET ADDRESS		
CITY-ST-ZIP	4950 SW 63 AVE		CITY-ST-ZIP		
	MIAMI FL 33155				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TD		NAME		
STREET ADDRESS	IBARRA LUIS F.		STREET ADDRESS		
CITY-ST-ZIP	6238 SW 50st		CITY-ST-ZIP		
	MIAMI FL 33155				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D		NAME		
STREET ADDRESS	IBARRA LUIS E		STREET ADDRESS		
CITY-ST-ZIP	13100 SW 103 Ter		CITY-ST-ZIP		
	MIAMI FL 33186				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Ana Ibarra* **4/12/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)