

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K61061**

1. Entity Name
CLASSIC POOLS OF MIAMI, INC.



FILED

04 MAR 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**25375 S.W. 202 AVE
HOMESTEAD FL 33031**

Mailing Address
**25375 S.W. 202 AVE
HOMESTEAD FL 33031**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0083282**

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

**HILL, WILLIAM T
25375 SW 202 AVE.
HOMESTEAD FL 33031-8612**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600030506756
03/16/04--01031--021 **950.00

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	HILL, WILLIAM T	
STREET ADDRESS	25375 SW 202 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, ROSARIO	
STREET ADDRESS	25375 SW 202 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILL, MARCY	
STREET ADDRESS	25375 SW 202 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylin

CR2E034 (4/03)