

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000010419

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: A.B. SWIMMING POOLS LLC

Current Principal Place of Business:

5503 N.W. 72ND AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 970232
BOCA RATON, FL 33497

New Mailing Address:

FEI Number: 65-1032041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADA, BELLSARIO
5503 N.W. 72ND AVENUE
MIAMI, FL 33166

Name and Address of New Registered Agent:

RADA, BELISARIO
5503 N.W. 72ND AVENUE
MIAMI, FL 33166

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: BELISARIO RADA

04/23/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RADA, BELISARIO
Address: 5503 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166 US

Title: MGR () Delete
Name: RADA, LUZANGELA
Address: 5503 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166 US

Title: MGR () Delete
Name: AGREDO, MARIAELENA
Address: 5503 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BELISARIO RADA

MGR

04/23/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date