

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000018187**

1. Entity Name

ART DECO POOLS LLC

Principal Place of Business

4169 E 4TH AVE
HIALEAH FL 33013

Mailing Address

4169 E 4TH AVE
HIALEAH FL 33013

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, EDWARD
4169 E 4TH AVE
HIALEAH FL 33013

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MEYER, EDWARD	
STREET ADDRESS	4169 E 4TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALPIZAR, HUGO L	
STREET ADDRESS	4169 E 4TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ANGEL R CORPAS	
STREET ADDRESS	4169 E 4TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/04/02

Date

305-769-0412

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90080 020 ****50.00

85749

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)