FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90279 011 ***150.00

DOCUMENT # L02000011214

1. Entity Name

Coban Pools,LLC

DO NOT WRITE IN THIS SPACE

24014141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9201 Lime Bay Blvd	9201 Lime Bay Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. No. 315
City & State: Tamarac, Fl	City & State: Tamarac, Fl
Zip: 33321 Country:	Zip: 33321 Country:

4. FEI Number 02-0616073 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cesar Pelaez

Street Address (P.O. Box Number is Not Acceptable)

9201 Lime Bay Blvd # 315

City: Tamarac **FL** Zip Code: 33321

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] Cesar Pelaez / Registered Agent February 19,2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pelaez, Cesar 9201 Lime Bay Blvd # 315 Tamarac,Fl 33321	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Cesar Pelaez / 2/19/04. 954-721-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #