

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90043 035 ***158.75

C0042316

DO NOT WRITE IN THIS SPACE

DOCUMENT # L14230

1. Entity Name
Kristal Blue Pool Company of Miami

Principal Place of Business
17641 SW 87 Ave.
Miami, FL 33157

Mailing Address
17641 SW 87 Ave.
Miami, FL 33157

2. Principal Place of Business
17641 SW 87 Ave.
 Suite, Apt. #, etc.

3. Mailing Address
17641 SW 87 Ave.
 Suite, Apt. #, etc.

City & State
Miami, FL 33157

City & State
Miami, FL 33157

Zip
33157

Country
USA

Zip
33157

Country
USA

4. FEI Number
050145026

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Madeleine Castillo
17641 SW 87 Ave.
Miami, FL 33157

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

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 <u>PD</u>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <u>Castillo, Nelson D</u>			NAME		
STREET ADDRESS <u>17641 SW 87 Ave</u>			STREET ADDRESS		
CITY-ST-ZIP <u>Miami, FL 33157</u>			CITY-ST-ZIP		
TITLE <u>STD</u>	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME <u>Castillo, Madeleine</u>			NAME		
STREET ADDRESS <u>17641 SW 87 Ave</u>			STREET ADDRESS		
CITY-ST-ZIP <u>Miami, FL 33157</u>			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		
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: Madeleine Castillo 3/13/2000 (305) 251-8735

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

CR2E034 (9/99)