

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90150 044 ***150.00

DOCUMENT # M21033

1. Entity Name

O & S POOL SERVICE, INC.

Principal Place of Business

Mailing Address

% OSVALDO PENA
 10321 S.W. 37TH TERRACE
 MIAMI FL 33165

%-OSVALDO PENA
 10321 S.W. 37TH TERRACE
 MIAMI FL 33165-3857

00003307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10321 SW 37TH Terrace

10321 SW 37TH Terrace

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33165 USA

33165 USA

4. FEI Number

59-2594200

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

Name

Fabiola S. Pena
 10321 SW 37TH Terrace

City: Miami FL Zip Code: 33165

City

FL

Zip Code: 33165

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]* Reg Agent 1-10-2000
 (NOTE: Registered Agent signature required when reinstating)

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: PTD
 NAME: PENA, OSVALDO
 STREET ADDRESS: 10321 S.W. 37TH TERRACE
 CITY-ST-ZIP: MIAMI FL ☒ Delete

TITLE: *[Delete]*
 NAME: *[Delete]*
 STREET ADDRESS: *[Delete]*
 CITY-ST-ZIP: *[Delete]* ☐ Change ☐ Addition

TITLE: SDV
 NAME: PENA, FABIOLA S.
 STREET ADDRESS: 10321 S.W. 37TH TERRACE
 CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: Pres, Sec. Director
 NAME: PENA, FABIOLA S.
 STREET ADDRESS: 10321 SW 37TH Terrace
 CITY-ST-ZIP: Miami, FL 33165 ☒ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)