

UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90110 035 ***150.00

DOCUMENT # M30074
 NAME Rayco Pool Service Inc.

Place of Business Mailing Address
250 N.W. 8th Street #8
Miami FL 33176

Place of Business Mailing Address
 Suite, Apt. #, etc.
 State City & State
 Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2658671 Record 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
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

Have named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

Corporation is eligible to satisfy its intangible tax requirement and elects to do so. (Print on back)

FILE NOW!!! FEES \$2000
After MAY 17, 2000 Fee will be \$3000
Make Checks Payable to: Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
<input checked="" type="checkbox"/> Delete	<u>P. Armando Viera</u> <u>7250 NW 8th #8</u> <u>Miami FL 33176</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY - ST - ZIP	

I certify that the information supplied with this filing does not constitute an admission of liability for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information provided 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 on an attachment with an address, with all other like employees.

CR2E034 (9/99)