

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000031084**

1. Entity Name

FLORIDA SOLUTION POOL & SPA, CORP.

Principal Place of Business

6640 S.W. 18TH ST.
MIRAMAR FL 33023

Mailing Address

6640 S.W. 18TH ST.
MIRAMAR FL 33023

2. Principal Place of Business

6640 SW. 18 St.

Suite, Apt. #, etc.

miramar, FL 33023

City & State

3. Mailing Address

6640 SW. 18 St.

Suite, Apt. #, etc.

miramar, FL

City & State

Zip
33023

Country

Broward

Zip

33023

Country

Broward

6. Name and Address of Current Registered Agent

CASTILLO, ONAN
6640 S.W. 18TH ST.
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

Onan Castillo

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

6640 SW. 18 St.

City

miramar

FL

Zip Code

33023

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE owner (President) ☐ Delete
NAME Onan Castillo
STREET ADDRESS 6640 SW. 18 St.
CITY-ST-ZIP miramar, FL 33023TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90651 001 ***150.00

05-05-2001 90651 002 *****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003543

Applied For

Not Applicable

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

CR2E034 (10/00)