

"AMMENDED" ## ←

2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 3

DOCUMENT # P00000044336

1. Entity Name

M.V.P. Pool Service, Inc

Principal Place of Business

6233 TAYLOR ST.
HOLLYWOOD FL 33024

Mailing Address

6233 TAYLOR ST
HOLLYWOOD FL 33024

FILED

01 OCT 16 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023272

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIGUEL D. PUYADA
6233 TAYLOR ST
HOLLYWOOD FLA 33024

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  MIGUEL D PUYADA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/11/01

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P (PRESIDENT) ☐ Delete
NAME MIGUEL D. PUYADA
STREET ADDRESS 6233 TAYLOR ST
CITY-ST-ZIP HOLLYWOOD FLA 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D (DIRECTOR) ☐ Change ☒ Addition
NAME WILLIAM H HILL
STREET ADDRESS 122 BRIGHTVIEW DRIVE
CITY-ST-ZIP LAKE MARY FLA 32746

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

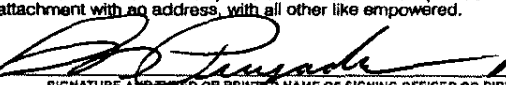
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ 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  MIGUEL PUYADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 (954) 214-9810

CR2E034 (11/00)

PAGE 2 of 3

To: Department of State

Division of Corporations

Attn: Corporate Filing

10-11-01

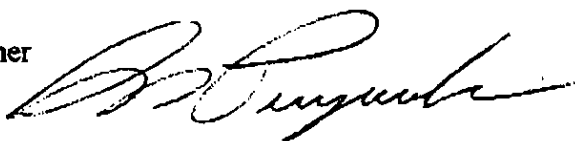
To whom it may concern:

M.V.P Pool Service Inc. requests to have our business reinstated. Enclosed is the proper form and check for \$150.00. Please note that we never received notice of this and apologize for the delay and misunderstanding.

Thank you

Miguel D. Puyada

Owner

A handwritten signature in black ink, appearing to read 'M. Puyada', written over a horizontal line.

Page 3 of 3



ACCOUNT NO. : 072100000032

REFERENCE : 974792 7288837

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : October 16, 2001

ORDER TIME : 1:28 PM

ORDER NO. : 974792-005

CUSTOMER NO: 7288837

CUSTOMER: Mr. Miguel D. Puyada
M.v.p. Pool Service, Inc.
6233 Taylor Street

Hollywood, FL 33024

RECEIVED
01 OCT 16 PM 2:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: M.V.P. POOL SERVICE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young-EXT#1112

EXAMINER'S INITIALS: _____

ATTN: TYRONE - the attached letter states a check enclosed. Please take this out of account.