"AMMENDED" ### COO1 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

PAR 1013

PLYMADA 10/15/01 (954) 214-9810
Date Date Designe Proces

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nonyw	ood F1 33024	7,000	77	JJU X	. /		in	- t- / h i r i		,		
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address										
		Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE						
						4. FEI Numb		23				pplied For ot Applicab
Zip	Country	Zip	Coun	itry		5. Certificate				•	8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent	·	 		7. Name and	d Addres	s of Nev	Regista			
MiGUE	EL D. PUYADA	J		Name								
	TAYlOR ST	,		Street A	ddress (P.	O. Box Numb	er is Not	Accepta	ole)			
Hollyw	000 F/A 33024	,						· · · · · · · · · · · · · · · · · · ·				
				City						FL	Zip Coo	le
8. The shows r	named entity submits this statement for					4						
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SIGNATURE AND PHED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Page 2,13

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

LOCATION:

PAGE 3013



ACCOUNT NO. : 072100000032

REFERENCE: 974792 7288837

AUTHORIZATION :

COST LIMIT : \$ /5000

ORDER DATE: October 16, 2001

ORDER TIME : 1:28 PM

CUSTOMER NO:

ORDER NO. : 974792-005

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

6233 Taylor Street

7288837

Hollywood, FL 33024

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.