04/25/2002 14:03 3052268635

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May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 030 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048000

1. Entity Name

SWIMMING POOLS.CC INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9510 SW 37 AVENUE	9510 SW 37 AVENUE
Suite, Apt #, etc: MIAMI, FL. 33184	Suite, Apt #, etc: MIAMI, FL. 33184
City & State	City & State
Zip: 33184 / Country	Zip: 33184 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010366 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OLIVA, AMAURYS

Street Address (P.O. Box Number is Not Acceptable): 9510 SW 37 AVENUE

City: MIAMI, FL. 33184 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 ______ (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 ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	OLIVA AMAURYS	NAME	
STREET ADDRESS	9510 SW 37 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33184	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with all other like empowered.

SIGNATURE: [signature] 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #