

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90033 048 ***150.00

DOCUMENT # P00000057586

1. Entity Name

ACTIVE POOL SERVICES & REPAIR, CORP.

Principal Place of Business

Mailing Address

658453

2. Principal Place of Business

1961 PISCES TERRACE

3. Mailing Address

1961 PISCES TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON - FL

City & State

WESTON - FL

4. FEI Number

65-1013550

Applied For
Not Applicable

Zip
33327

Country
USA

Zip
33327

Country
USA

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

DESPACHANTE BRASILEIRO
 3961 N. Federal Hwy
 Pompano Beach - FL 33064

Name JULIANA AQUILINO

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

3961 N. Fed Hwy

City Pompano

FL

Zip Code 33064

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

04/29/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTD
 NAME HERNANDEZ, DORA
 STREET ADDRESS 1961 PISCES TERR
 CITY-ST-ZIP WESTON - FL 33327 ☐ Delete

TITLE SD
 NAME RIBAS, ANTONIO OLAVO
 STREET ADDRESS 1961 PISCES TERR
 CITY-ST-ZIP WESTON - FL 33327 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

CR2E034 (11/00)

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

April 29

Date

Daytime Phone #

(954) 868-9857