

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000058353**

1. Entity Name

Pools By David, Inc.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90693 029 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16119 SW 143 ST

Suite, Apt. #, etc.

3. Mailing Address

16119 SW 143 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL 33196

4. FEI Number

65-1024288

Applied For

Not Applicable

Zip

Country

33196 USA

Zip

Country

33196 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carlos Obregon

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

8100 SW 19 ST

City

Miami

FL

33155

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**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
NAME
STREET ADDRESS
CITY-ST-ZIP

**David Saffer
16119 SW 143 ST
Miami, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
Amy Saffer
16119 SW 143 ST
Miami, FL 33196**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF CHIEF FINANCIAL OFFICER OR DIRECTOR

DATE

CHIEF FINANCIAL OFFICER

Attachment

869070

PO0000058353

POOLS BY DAVID INC.

16119 SW 143 St
Miami Fl. 33196
Office (305)234-2376
Cell (786)402-3470

UNIFORM BUISNESS REPORT
DIVISION CORPORTATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

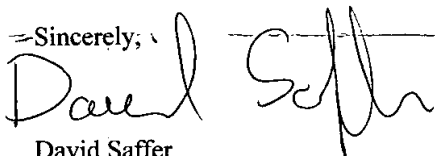
June 10, 2002

REF: UNIFORM BUISNESS REPOST

To Whom It May Concern:

We Moved from 9310 SW 53 St. we did not receive our Annual Buisness report are mail is still being forwarded so We have filled out a new form (downloaded from the computer) and sent our fee. If there is a problem please call (305)234-2376 Thank you.

Sincerely,



David Saffer

President