

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90241 046 \*\*\*158.75

0272678 AV

DOCUMENT # P00000102120

1. Entity Name

ARIA'S POOL SERVICES, CORP.



Principal Place of Business

PO BOX 601492

N MIAMI BEACH FL 33160

Mailing Address

PO BOX 601492

N MIAMI BEACH FL 33160

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

65-1051093

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GUILLERMO PRIETO, LUIS

17051 NE 35 AVE, #102

N MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name *GUILLERMO PRIETO LUIS*

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

*711 N.W. 68 avenue*

City *Hollywood*

FL

Zip Code *33024*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE-NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *P* ☐ Delete  
NAME *GUILLERMO PRIETO, LUIS*  
STREET ADDRESS *17051 NE 35 AVE, #102*  
CITY-ST-ZIP *N MIAMI BEACH FL 33160*

TITLE *P* ☐ Change ☐ Addition  
NAME *Guillermo Prieto Luis*  
STREET ADDRESS *711 NW 68 avenue Hollywood FL 33024*  
CITY-ST-ZIP

TITLE *V* ☐ Delete  
NAME *LUCIA PRIETO, OLGA*  
STREET ADDRESS *17051 NE 35 AVE, #102*  
CITY-ST-ZIP *N MIAMI BEACH FL 33160*

TITLE *V* ☐ Change ☐ Addition  
NAME *LUCIA PRIETO OLGA*  
STREET ADDRESS *711 NW 68 avenue Hollywood FL 33024*  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Guillermo Prieto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-26-03 (986) 2626070*

Date

Daytime Phone #

CR2E034 (10/02)