4/1

## 2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	e	# POOOO SCOUNT, INC		90	آی سر <b>هٔ</b> ۲	š ·						8:00 Stat	
Principal Place of Business 5360 W. 12 AVE. HIALEAH FL 33012			5380 W. 1	Mailing Address 5380 W. 12 AVE. HIALEAH FL 33012									
2. Principal Pia		SS	3. Mailin	3. Mailing Address									
Suite, Apt. #	f, etc.		Suite,	Apl. #, etc.	_			DO N	OT WRITE I	N THIS S	PACE		
City & State	مبنيده		City &	State			4. FEI Nur	1057	593			Applied For	
Zip		Country	Zip	··· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	Country	-		ite of Status D			8.75 A	dditional	9
	6. Name an	nd Address of Cur	rent Registered	Agent	-	Name	7. Name a	nd Address o	1 New Regis	stered A	gent		$\dashv$
ALONSO, ESTHER 5360 W. 12 AVE.			ستجيئين مت	·/ <del></del> -		Street Address	(P.O. Box Nun	iber is Not Ac	ceptable)	<u>.                                    </u>	<u></u>		$\dashv$
HIALEA	H FL 33012					City Zip Code						· ·	
SIGNATURE	griffaure, typed or pr	ubmits this statement	Almo	20	registered o			ooth, in the Sta	/_ /				
SIGNATURE	operation is eligible quirement and	to satisfy its Intangelects to do so.	gent and title if applicat	20	registered of Pegistered Aperil FEE IS:	office or register or signature requires \$150.00 I be \$550.00	d when retretating)	ilection Camp	algn Financi	O/ DATE		00 May Be	
9. This corpora Tax filing req (See criteria	options, typed or protein tion is eligible (uirement and on back)	to satisfy its Intang elects to do so.	gent and title if applicat	FILE NOW! fiter MAY 1, 200 e Check Payab	registered of Fee will le to Depar	office or register or signature requires \$150.00 I be \$550.00	d when reinstating)  10. E	(lection Camp	algn Financi	DATE  OF CONTROL OF CO	Adde	nd to Fees	(0
9. This corporal Tax filing req (See criteria 111.  ITILE PLANE STREET ADDRESS 5.	ordare, typed or or tition is eligible quirement and on back)  D  ODRIGUEZ, 360 W. 12 A	to satisfy its Intang elects to do so. OFFICERS A	gible A Make	FILE NOW!	registered of Projectured Aprel 19 FEE IS 10 O1 Fee will ble to Depar	office or register equire \$150.00 I be \$550.00 rtment of Sta	d when reinstating)  10. E	ilection Camp rust Fund Cor	algn Financi	DATE  OF CONTROL OF CO	Adde	d to Fees	5034 (10/00)
9. This corputa Tax filing req (See criteria  11.  TITLE PI MAME STREET ADDRESS SCITY-ST-ZIP HITTLE JOH ALL STREET ADDRESS	optaire, typed or price (ition is eligible quirement and on back)  D  ODRIGUEZ, 360 W. 12 A  IALEAH FL. 3  VP	to satisfy its Intang elects to do so. OFFICERS A RAUL E VE. 33012	gible A Make	FILE NOW! fiter MAY 1, 200 e Check Payab	registered of the registered Appears of the	office or register standard requirements \$150.00 I be \$550.00 rtment of Standard register standard reg	d when reinstating)  10. E	ilection Camp rust Fund Cor	algn Financi	DATE  IN SAND D	Adde	nd to Fees	2E034 (10/
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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.

ESTHER C. A LONSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #