

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0131355 AV

DOCUMENT # **P00000116476**

1. Entity Name  
**ALL SWIMMING POOL FINISHERS INC.**

02-20-2002 90022 003 \*\*\*150.00

Principal Place of Business  
**338 EAST 8TH STREET**  
**HIALEAH FL 33010**

Mailing Address  
**338 EAST 8TH STREET**  
**HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13545 N.W. 9th St**

3. Mailing Address

Suite, Apt. #, etc.  
**Pembroke Pines, FL**

Suite, Apt. #, etc.

City & State  
**FL**

City & State

4. FEI Number  
**65-1065357**

Applied For  
 Not Applicable

Zip  
**33028**

Country  
**BRUNDA**

Zip

Country

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

~~HERNANDEZ, ANTONIO~~  
**HERNANDEZ, ANTONIO**  
**338 EAST 8TH STREET**  
**HIALEAH FL 33010**

~~HERNANDEZ, ANTONIO~~  
**HERNANDEZ, ANTONIO**  
**13545 N.W. 9th St**  
**Pembroke, Pines**  
**FL. 33028**

Name  
~~HERNANDEZ, ANTONIO~~  
**HERNANDEZ, ANTONIO**

Street Address (P.O. Box Number is Not Acceptable)  
~~338 EAST 8TH STREET~~  
**13545 N.W. 9th St**

City  
~~HIALEAH FL~~  
**Pembroke Pines FL**

Zip Code  
~~33010~~  
**33028**

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 *Antonio* DATE 1/28/2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HERNANDEZ, ANTONIO	13545 NW 9TH STREET	PEMBROKE PINES FL 33028	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ENRIQUE HERNANDEZ	VIC. PRESIDENT	338 EAST 8TH ST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DAVID HERNANDEZ	18650 N.W. 9th St	Miami, FL 33055	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Antonio* DATE 1/28/2002 DAYTIME PHONE # 954 885-1185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)