

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

02-20-2002 90100 032 \*\*\*150.00

**DOCUMENT # P01000079922**

**1. Entity Name**  
**BLUE WATER POOLS OF SOUTH FLORIDA INC.**

**Principal Place of Business**  
 1925 BRICKELL AVENUE  
 SUITE D206  
 MIAMI FL 33129

**Mailing Address**  
 1925 BRICKELL AVENUE  
 SUITE D206  
 MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 13771 N. GARDEN COVE CIR

**3. Mailing Address**  
 13771 N. GARDEN COVE CIR

Suite, Apt. #, etc.

**City & State**  
 DAVIE FL

**City & State**  
 DAVIE FL

**4. FEI Number**  
 65-1133099

**Applied For**  
 Not Applicable

**Zip** 33325 **Country** USA

**Zip** 33325 **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**

**CASTRO, ANDERSON**  
 1925 BRICKELL AVENUE  
 SUITE D206  
 MIAMI FL 33129

**Name** RAFAEL Pellerano  
**Street Address (P.O. Box Number is Not Acceptable)**  
 13771 N. GARDEN COVE CIR  
**City** DAVIE **FL** **Zip Code** 33325

**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]*  
 Signature typed or printed name of registered agent and title of office: RAFAEL Pellerano, President (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)

**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** D  Delete  
**NAME** CASTRO, ANDERSON  
**STREET ADDRESS** 1925 BRICKELL AVENUE SUITE D206  
**CITY-ST-ZIP** MIAMI FL 33129

**TITLE** PD  Change  Addition  
**NAME** Pellerano, RAFAEL  
**STREET ADDRESS** 13771 N. GARDEN COVE CIR  
**CITY-ST-ZIP** DAVIE FL 33325

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPD  Change  Addition  
**NAME** T VAZQUEZ, FRANK  
**STREET ADDRESS** 445 N.E. 52 ST.  
**CITY-ST-ZIP** MIAMI FL 33137

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S  Change  Addition  
**NAME** Pellerano, MIRIAM  
**STREET ADDRESS** 13771 N. GARDEN COVE CIR  
**CITY-ST-ZIP** DAVIE FL 33325

**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**

**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]* **1-29-02**  
 Signature and typed or printed name of signing officer or director: RAFAEL Pellerano, President **Date** **Daytime Phone #**