FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					Jan 13, 2003 8:00 am Secretary of State	
DOCUMENT # P0100079922 1. Entity Name BLUE WATER POOLS OF SOUTH FLORIDA INC.					01-13-2003 90701 038 ***150.00	
Principal Place of Business 13771 N GARDEN COVE CIR DAVIE FL 33325		Mailing Address 13771 N GARDEN COV DAVIE FL 33325	E CIR	<u> </u>	I I BRITISH III SANKI MANU SANKI SANKI	
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				
		Suite, Apt. #, etc.			☐ CHECK HERE IF N	MAKING CHANGES
City & State		City & State			4. FEI Number 65-1133099	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired [\$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent			7. Name and Address of New Regis	
PELLER/	Name			-		
13771 N GARDEN COVE CIR			Street	Address (F	P.O. Box Number is Not Acceptable)	
DAVIE FL 33325			O'h			
8. The above	e named entity submits this statement for attended the statement for attended to the statement for a statement	or the gurana of the state of	City	<u>-</u>		FL Zip Code
SIGNATURE F Afte	_	and title if applicable. (NO	TE: Registered Agent signa			DATE
	OFFICERS AND		11,		ADDITIONIS/OUTANDESS TO STEE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLERANO, RAFAEL 13771 W GARDEN COVE CIR DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1377	ON N. GARDEN COVE	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAZQUEZ, FRANK 465 NE 52 ST MIAMI FL 33137	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	S PELLERANO, MIRIAM 13771 N GARDEN COVE CIR DAVIE FL 33325	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition

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 supplied ental 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 eceiver 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 of the corporation of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the eceiver 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR