

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90052 006 ***150.00

DOCUMENT # P01000085741

1. Entity Name
BLUE STONE POOL & SPA, INC.

Principal Place of Business

**3445 S.W. 25TH STREET
MIAMI FL 33133**

Mailing Address

**3445 S.W. 25TH STREET
MIAMI FL 33133**

2. Principal Place of Business

6317 SW 16 street

3. Mailing Address

6317 SW 16 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Miami, FL

City & State

West Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIEDRA, ARMANDO
3445 S.W. 25TH STREET
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Armando Piedra**
Street Address (P.O. Box Number is Not Acceptable)
6317 SW 16 st
Miami
City **Miami** FL Zip Code **33155**

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 **Armando Piedra**

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

(NOTE: Registered Agent signature required when reinstating)

01/14/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIEDRA, ARMANDO 3445 S.W. 25TH STREET MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HONDARES, AGUSTIN A 6317 S.W. 16TH STREET MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Armando Piedra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02 305-342-6710

Date Daytime Phone #

CP2E034 (9/01)