


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90203 008 \*\*\*150.00

DOCUMENT # <b>P01000085741</b>	
1. Entity Name <b>Blue Stone Pool &amp; SPA, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6317 SW 16 Street</b>	3. Mailing Address <b>6317 SW 16 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>West Miami, FL</b>	City & State <b>West Miami, FL</b>	4. FEI Number <b>65-1142954</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33155</b>	Country <b>USA</b>	Zip <b>33155</b>	Country <b>USA</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Armando Piedra</b>
Street Address (P.O. Box Number is Not Acceptable) <b>6317 SW 16 Street</b>
City <b>MIAMI</b>
FL <b>33155</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Piedra, Armando P 6317 SW 16 Street MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>HONDARES, Agustin A. 6317 SW 16 Street MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/7/03**

**786-287-3407**

Date

Daytime Phone \*

**Agustin A. Hondares**  
**VICE PRESIDENT**

CR2E034B (12/02)