

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90183 016 \*\*\*150.00

**DOCUMENT # P01000096080**

1. Entity Name  
**POOLS-R-US, INC.**

Principal Place of Business

~~1856 W 64 STREET~~  
**HIALEAH FL 33012**

Mailing Address

~~1856 W 64 STREET~~  
**HIALEAH FL 33012**

2. Principal Place of Business

**8937 NW 176 Lane**

Suite, Apt. #, etc.

3. Mailing Address

**8937 NW 176 Lane**

Suite, Apt. #, etc.

City & State

**Hialeah FL**

City & State

**Hialeah FL**

4. FEI Number

**65-1142739**

Applied For

Not Applicable

Zip

**33018**

Country

**USA**

Zip

**33018**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NEGRON, HECTOR JR**

**1856 W 64 STREET 8937 NW 176 LANE**

**HIALEAH FL 33012 Hialeah, FL 33018**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PSTD** ☐ Delete  
 NAME **NEGRON, HECTOR JR**  
 STREET ADDRESS **1856 W 64 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **8937 NW 176 Lane**  
 CITY-ST-ZIP **Hialeah FL 33018**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

**SECRETARY OF STATE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/5/02 305-8270962**

CR2E034 (4/02)

Attachment  
Pools R-US, Inc.  
8937 NW 176 Ave.  
Hialeah Fl. 33018 USA.

Hialeah Fl.  
Aug 5 - 2002

#P0100009608J  
123683

Gentlemen:

This is the first time I received this Form. JBK.  
I moved to a new address, and the person that is  
living now at my former address bears this last month.  
I agree you were the penalty because this was  
first time received.

Thanks



Hector Negrin Jr.  
Pres.