

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90123 038 ***150.00

DOCUMENT # P02000068902

1. Entity Name
MR. POOLS USA, CORP.



Principal Place of Business
9351 FONTAINEBLEAU BLVD., #B109
MIAMI FL 33172

Mailing Address
9351 FONTAINEBLEAU BLVD., #B109
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0621173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GASTANO, JUAN G
9351 FONTAINEBLEAU BLVD., #B109
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
CASANO JUAN G.

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

9351 FONTAINEBLEAU BLVD #B109.

City
MIAMI

FL

Zip Code
33172

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

Juan G. Gastano

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
PD
NAME
CASTANO, JUAN G
STREET ADDRESS
9351 FONTAINEBLEAU BLVD., #B109
CITY-ST-ZIP
MIAMI FL 33172

☐ Delete

TITLE
VD
NAME
HERRERA, JUAN G
STREET ADDRESS
9351 FONTAINEBLEAU BLVD., #B109
CITY-ST-ZIP
MIAMI FL 33172

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03 (786) 223-7260

Date

Daytime Phone #

CR2E034 (10/02)