

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017493

1. Entity Name

AMAYA POOL SERVICE INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90001 017 ***150.00

Principal Place of Business

5220 NW 2ND STREET
MIAMI FL 33126

Mailing Address

PO BOX 43-1541
SOUTH MIAMI FL 33143

702733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5220 NW 2ND ST

Suite, Apt. #, etc.

MIAMI FL 33126

City & State

3. Mailing Address

P.O. BOX 43-1541

Suite, Apt. #, etc.

SOUTH MIAMI

City & State

FL 33143

4. FEI Number

65-0393968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMAYA, MIGUEL
5220 NW 2ND STREET
MIAMI FL 33126

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.

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 \$150.00

After MAY 1, 2001 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 P ☐ Delete
NAME AMAYA, MIGUEL
STREET ADDRESS 5220 NW 2ND STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE V ☐ Delete
NAME AMAYA, CONCEPCION
STREET ADDRESS 5220 NW 2ND STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE S ☐ Delete
NAME AMAYA, HENRY
STREET ADDRESS 5220 NW 2ND STREET
CITY-ST-ZIP MIAMI FL 33126

TITLE T ☐ Delete
NAME AMAYA, PATRICIA L
STREET ADDRESS 5220 NW 2ND STREET
CITY-ST-ZIP MIAMI FL 33126

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 MIGUEL A. AMAYA ☐ Change ☐ Addition
NAME 5220 NW 2ND ST. Pte
STREET ADDRESS MIAMI FL 33126
CITY-ST-ZIP

TITLE CARMEN ELENA AMAYA V. Pte. ☐ Change ☒ Addition
NAME 5220 NW 2ND ST.
STREET ADDRESS MIAMI FL 33126
CITY-ST-ZIP

TITLE CONCEPCION AMAYA ☐ Change ☐ Addition
NAME 5220 NW 2ND
STREET ADDRESS MIAMI FL 33126
CITY-ST-ZIP

TITLE PATRICIA L. AMAYA ☐ Change ☐ Addition
NAME 5220 NW 2ND ST
STREET ADDRESS MIAMI FL 33126
CITY-ST-ZIP

TITLE HENRY AMAYA. ☐ Change ☐ Addition
NAME 5220 NW 2ND ST
STREET ADDRESS MIAMI FL 33126
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)