

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90071 025 ***150.00

DOCUMENT # P94000010569

1. Entity Name
ARENA POOL'S AND SPA'S INC.

Principal Place of Business Mailing Address
13244 SW 265 STREET 13244 SW 265 STREET
HOMESTEAD FL 33032 HOMESTEAD FL 33032

U0034176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8996 SW 213 ST 8996 SW 213 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL Miami FLA
Zip Country Zip Country
33189 Dade 33189 Dade

4. FEI Number **65-0462784** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ARENA, CHRIS
13244 SW 265 STREET
HOMESTEAD FL 33032

7. Name and Address of New Registered Agent
Name **ARENA, CHRIS**
Street Address (P.O. Box Number is Not Acceptable)
8996 SW 213 ST
City **Miami** FL Zip Code **33189**

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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D ARENA, CHRIS
STREET ADDRESS	13244 SW 265 STREET
CITY - ST - ZIP	HOMESTEAD FL 33032
TITLE	<input type="checkbox"/> Delete
NAME	D ARENA, ALFONSE S
STREET ADDRESS	3577 ELKREM AVE.
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)