

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084422

1. Entity Name

FAMILY TIES POOL SERVICE, INC.

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90106 001 ***150.00

Principal Place of Business

11254 PINES BLVD
PEMBROKE PINES FL 33026
US

Mailing Address

11254 PINES BLVD
PEMBROKE PINES FL 33026-4101
US

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

65-0622301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PESETSKY, WALTER S
1367 NE 162ND STREET
NO. MIAMI BEACH FL 33162

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CORDES, RICHARD	
STREET ADDRESS	19321 NE 18TH COURT	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENTON, HANSFORD W JR	
STREET ADDRESS	11021 S 11 CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENTON, DEBRA F	
STREET ADDRESS	11021 SW 11TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORDES, PATRICIA	
STREET ADDRESS	19321 NE 18 CT	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4010 W. Sailboat Drive
STREET ADDRESS	Cooper City, FL 33026
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4010 W. Sailboat Drive
STREET ADDRESS	Cooper City, FL 33026
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
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: Debra F. Benton Debra F. Benton 4/8/00 (954) 438-5994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)