

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
May 31, 2000 8:00 am
Secretary of State

05-01-2000 90363 048 ***150.00

304775

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000000364

1. Entity Name
USA POOL SERVICE, INC.

Principal Place of Business **Mailing Address**
14307 sw 142 st. **14307 sw 142 st.**
Miami Fl 33186. **Miami Fl 33186.**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

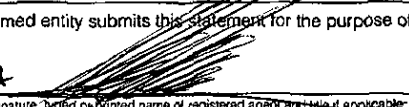
4. FEI Number **65-0634705** **Applied For**
Not Applicable

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**

Macli, Gustavo A
14307 sw 142 st.
Miami Fl 33186.

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  **5/15/00**
Signature typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent signature required when registering) DATE

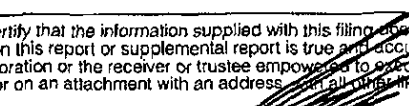
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Macli, Gustavo A	14307 sw 142 st	Miami Fl 33186				
vd.	Macli, Laura G.	14307 sw 142 st	Miami Fl 33186				

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, and all other like empowered.

SIGNATURE: X  **04/17/00** **(786) 293-0063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)