

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90002 036 \*\*\*550.00

**DOCUMENT # P96000012212**

1. Entity Name  
**DECO POOL SERVICE INC.**



Principal Place of Business 5846 HAMMOCKS BLVD #102 MIAMI FL 33196	Mailing Address 9846 HAMMOCKS BLVD #102 MIAMI FL 33196
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1344 SW 99 TERR</b> Suite, Apt. #, etc. <b>MIAMI FL</b> City & State	3. Mailing Address <b>1344 SW 99 TERR</b> Suite, Apt. #, etc. <b>MIAMI FL</b> City & State
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Zip <b>33186</b>	Country <b>USA</b>	Zip <b>33186</b>	Country <b>USA</b>	4. FEI Number <b>65-0644422</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**WILLIAM E MIRANDA**  
**9846 HAMMOCKS BLVD #102**  
**MIAMI FL 33196**

Name **WILLIAM E MIRANDA**  
~~MIAMI SW 99 TERR~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**1344 SW 99 TERR**  
**MIAMI**  
 City **MIAMI FL** Zip Code **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 *W E Miranda* DATE **8-8-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S</b> <b>WILLIAM E MIRANDA</b> <b>9846 HAMMOCKS BLVD #102</b> <b>MIAMI FL 33196</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAM E MIRANDA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1344 SW 99 TERR</b> <del>MIAMI SW 99 TERR</del> <b>MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLAUDIA RODRIGUEZ</b> <b>9846 HAMMOCKS BLVD #102</b> <b>MIAMI FL 33196</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLAUDIA RODRIGUEZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1344 SW 99 TERR</b> <b>MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *WILLIAM E MIRANDA* DATE **8-8-00** (305) 386-3585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 15/001