

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91634 030 ***150.00

DOCUMENT # P96000012212

1. Entity Name
DECO POOL SERVICE INC.

Principal Place of Business
13441 SW 99 TERRACE
MIAMI FL 33186

Mailing Address
13441 SW 99 TERRACE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12810 N CALUSA CLUB DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLORIDA

City & State

4. FEI Number

65-0644422

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

USA

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P/S
WILLIAM E MIRANDA
9846 HAMMOCKS BLVD #102
MIAMI FL 33196

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

V
CLAUDIA RODRIGUEZ
9846 HAMMOCKS BLVD #102
MIAMI FL 33196

☐ Delete

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☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-02 (305) 386-3585

Date

Daytime Phone #

0286121 AV

CR2E034 (9/01)