

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012824

1. Entity Name

POOL-RITE II, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90117 008 \*\*\*158.75

Principal Place of Business

Mailing Address

930 PERRINE AVE  
MIAMI FL 33157  
US

P O BOX 55-8365  
MIAMI FL 33255-8365  
US

2. Principal Place of Business

3. Mailing Address

9911 SW 176 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0654764

Applied For

Not Applicable

Zip

33157

Country

US

Zip

Country

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

HERNANDEZ, FERNANDO  
300 SEVILLA AVENUE  
SUITE 206  
CORAL GABLES FL 33134

Name

ENRIQUE ALONSO JR

Street Address (P.O. Box Number is Not Acceptable)

9216 Grand Canal Drive

City

Miami

FL

Zip Code

33174

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]* ENRIQUE ALONSO JR

4/28/00

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 ☐ Delete  
NAME D  
STREET ADDRESS ALONSO, GRISEL  
CITY-ST-ZIP 7981 S.W. 35TH TERRACE  
MIAMI FL 33155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERNANDEZ, ELENA  
CITY-ST-ZIP 1730 PIZARRO ST.  
CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME ALONSO, ELENA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ALONSO, ENRIQUE JR  
CITY-ST-ZIP 7981 S.W. 35TH TERRACE  
MIAMI FL 33155

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9216 Grand Canal Dr  
CITY-ST-ZIP Miami, FL 33174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* ELENA ALONSO

Date

Daytime Phone #

305-2661908