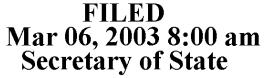
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P96000019163 1. Entity Name BLUE HAVEN POOLS OF WEST PALM BEACH, INC.



03-06-2003 90120 033 ***150.00

		•	S WE 185	' [
Principal Place of Business 2100 45TH STREET UNIT B10 WEST PALM BEACH FL 33407		Mailing Address P O BOX 126878 SAN DIEGO CA 92112		90043568	
WEST PALM	DEACH FL 334U/	US		TARAH BARA MENANTAK M	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0646873 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75	Not Applicable Additional
 _	6. Name and Address of Current	Registered Agent		Fee Req 7. Name and Address of New Registered Agent	uired
	The state of the s		- Hampey		
SPIEGEL	& UTRERA, P.A.			4 Keyes	<u>-</u>
1840 SW	22ND STREET		Street Address	(P.O. Box Tyliniter is Not Arcepted a)	205
4TH FLO	OR				
Miami Fl	33134-3314		OV. Z	D 2 7 7 7 7 7 7 7 7 7	20-0 (- 0
8 The above	a named ontity or best to the			Madon FL S	3433
the obliga	tions of registered agent.	the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida. I am familiar wi	ith, and accept
SIGNATURE	Ricardo Reves		F	Engre 3/4/0	3
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature require		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5	5.00 May Be
Make Checi	k Payable to Florida Department of	State			ded to Fees
10.	OFFICERS AND I	L DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ODC IN 11
TITLE	PSD	☐ Delete	TITLE	Chang	
NAME	ZABERER, RON		NAME		jo j Addition
STREET ADDRESS CITY-ST-ZIP	636 BROADWAY #310	•	STREET ADDRESS		
	SAN DIEGO CA 92101		CITY-ST-ZIP		
title Name	VTD	•	TITLE	☐ Chang	ge 🔲 Addition
Street address	WATERS, CHRIS 2100 45TH STREET UNIT B10	·	NAME CTREET ADDRESS		1
CITY-ST-ZIP	WEST PALM BEACH FL 33407		STREET ADDRESS : CITY-ST-ZIP		
TΠLE	WEST THEM BENOTT I E GOTOT	☐ Delete			
NAME		L. Delete	TITLE NAME	☐ Change	e 🗌 Addition
STREET ADDRESS	•	The second secon	STREET ADDRESS	The second secon	
DITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	e 🔲 Addition
NAME Street address			NAME		
CITY-ST-ZIP			STREET ADDRESS		J
ITLE	11		CITY-ST-ZIP		
AME		☐ Delete	TITLE NAME	☐ Change	e 🔲 Addition
TREET ADDRESS			STREET ADDRESS		}
ITY-ST-ZIP			CITY-ST-ZIP		
ITLE		☐ Delete	TITLE	Change	Addition
AME			NAME	Change	Addition
TREET ADDRESS			STREET ADDRESS		
ITY-ST-ZIP			CITY-ST-ZIP		
indicated of the corn	erury that the information supplied with the on this report or supplemental report is to protect on the resolution of th	nis filing does not qualify for the rue and accurate and that my	he exemption stated in Sec r signature shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the ame legal effect as if made under oath; that I am an office	information

his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like