

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045170

1. Entity Name
QUALITY POOL SURFACES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90979 021 ***158.75

Principal Place of Business 11331 S.W. 4TH STREET MIAMI FL 33174	Mailing Address 11331 S.W. 4TH STREET MIAMI FL 33174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13295 SW 200 STREET Suite, Apt. #, etc. MIAMI FL	3. Mailing Address 13295 SW 200 STREET Suite, Apt. #, etc. MIAMI FL
City & State	City & State

4. FEI Number 65-0680320	Applied For <input type="checkbox"/> Not Applicable
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Zip 33177	Country U.S.A.	Zip 33177	Country U.S.A.
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARMONA, MIGUEL A 11331 S W 4TH STREET MIAMI FL 33174
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7. Name and Address of New Registered Agent Name MIGUEL A. CARMONA Street Address (P.O. Box Number is Not Acceptable) 13295 SW 200 STREET City MIAMI FL Zip Code 33177

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 <u>[Signature]</u> (Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE <u>4/23/01</u>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE D NAME CARMONA, MIGUEL A STREET ADDRESS 11331 S.W. 4TH ST. CITY-ST-ZIP MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE VSD NAME ALVAREZ, ENA STREET ADDRESS 11331 S.W. 4TH ST. CITY-ST-ZIP MIAMI FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MIGUEL A. CARMONA STREET ADDRESS 13295 SW 200 STREET CITY-ST-ZIP MIAMI FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME ENA ALVAREZ STREET ADDRESS 13295 SW 200 STREET CITY-ST-ZIP MIAMI FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 like empowered.	
SIGNATURE: <u>[Signature]</u> MIGUEL A. CARMONA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/23/01</u> (305) 222-2220 Daytime Phone #

CR2E034 (10/00)