

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061061

1. Entity Name

EPOXY POOLS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90046 040 ***150.00

Principal Place of Business

6431 SW 145 ST
MIAMI FL 33158
US

Mailing Address

6431 SW 145 ST
MIAMI FL 33158-1835
US

2. Principal Place of Business

6430 SW 144 ST

Suite, Apt. #, etc.

3. Mailing Address

6430 SW 144 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIA FL. 33158

City & State

MIA FL. 33158

4. FEI Number

65-0683058

Applied For

☒ Not Applicable

Zip

33158

Country

USA

Zip

33158

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
CLAUDIO, RICHARD E
6431 SOUTHWEST 145 STREET
MIAMI FL 33158

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
CLAUDIO, CATHERINE Z
6431 SOUTHWEST 145 STREET
MIAMI FL 33158

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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:

R. E. Claudio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/00
Date

305 252-7665
Daytime Phone #

CR2E034 (9/99)