

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003622

1. Entity Name

SAFEWAY POOL CORPORATION

Principal Place of Business

Mailing Address

~~9633 SW 11 TER.~~
~~MIAMI FL 33174~~

~~9633 SW 11 TER.~~
~~MIAMI FL 33174~~

2. Principal Place of Business

15771 SW 42 Terr

3. Mailing Address

8201 NW 66 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

US

Zip

33166

Country

US

6. Name and Address of Current Registered Agent

VILA, ROBERTO

~~9633 SW 11 TER.~~
~~MIAMI FL 33174~~

7. Name and Address of New Registered Agent

Name

VILA, ROBERTO

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

15771 SW 42 TERRACE

City

MIAMI

FL

Zip Code

33185

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, 2001 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 ☐ Delete
NAME DPST
STREET ADDRESS VILA, ROBERTO
CITY-ST-ZIP ~~9633 SW 11 TER.~~
~~MIAMI FL 33174~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P V S T D
STREET ADDRESS VILA, ROBERTO
CITY-ST-ZIP 15771 SW 42 TERRACE
MIAMI, FL 33185

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
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TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert VILA 4/24/01 305.227-2555

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90132 034 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0720997

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (10/00)