2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90008 005 ***150.00

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1. Entity Name

POOL SUPPLY CENTER, INC.

Principal Place of Business	Mailing Address
9187 FONTAINEBLEAU BLVD. SUITE 11 MIAMI, FL 33172	9187 FONTAINEBLEAU BLVD. SUITE 11 MIAMI, FL 33172
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional *Fee Required*

6. Name and Address of Current Registered Agent

DIAZ, LITZ
9187 FONTAINEBLEAU BLVD.
SUITE 11
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: JE OYARCE & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable): 199 SW 12TH AVENUE, SUITE 11
City: MIAMI FL Zip Code: 33130-1056

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 ____ JORGE E. OYARCE DATE 4/17/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Delete
P	DIAZ PEDRO 9187 FONTAINEBLEAU BLVD. SUITE 11 MIAMI, FL 33172	☐
VP/T	DIAZ,LITZ 9187 FONTAINEBLEAU BLVD. SUITE 11 MIAMI, FL 33172	☐
		☐
		☐
		☐
		☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	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: ____ LITZ DIAZ VICE PRESIDENT ____ 305-324-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #