

2001

## LESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90341 044 \*\*\*150.00

021339

DOCUMENT # F7000057688

1. Entity Name  
POOL SUPPLY CENTER, INC.

Principal Place of Business

9187 FONTAINEBLEAU BLVD  
STE 11  
MIAMI FL 33172

Mailing Address

9187 FONTAINEBLEAU BLVD  
STE 11  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765582

Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JE OYARCE & ASSOCIATES  
199 SW 12TH AVE  
STE 11  
MIAMI FL 33130-1056

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DIAZ, PEDRO ☐ Delete  
STREET ADDRESS 9187 FONTAINEBLEAU BLVD STE 11  
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VT  
NAME DIAZ, LITZ ☐ Delete  
STREET ADDRESS 9187 FONTAINEBLEAU BLVD STE 11  
CITY-ST-ZIP MIAMI FL 33172TITLE ☐ Change ☐ Addition  
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)