2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91210 048 ***150.00

DOCUMENT # P97000057688

1. Entity Name

Pool Supply Center, Inc.

Principal Place of Business	Mailing Address
9375 Fontainebleau Blvd. Suite L-420 Miami, Florida 33172	9375 Fontainebleau Blvd. Suite L-420 Miami, Florida 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9375 Fontainebleau		9375 Fontainebleau Blvd.	
Suite, Apt. #, etc.: L-420		Suite, Apt. #, etc.: L-420	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33172	Country: USA	Zip: 33172	Country: USA

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

JE OYARCE & ASSOCIATES
199 S.W. 12th Avenue, Suite # 11
Miami, FL 33130

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 ____________

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, 2002 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	P	☐ Delete
NAME	Diaz, Pedro	
STREET ADDRESS	9178 Fontainebleau Blvd., Ste 11	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	VT	☐ Delete
NAME	Diaz, Lizt	
STREET ADDRESS	9178 Fontainebleau Blvd., Ste 11	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (8/01)

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: Lizt Diaz 04/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #