

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **P97000087331**

1. Entity Name

"GUS" POOL SERVICES & REPAIRS, INC.

Principal Place of Business

1085 N.E. 79 STREET  
MIAMI FL 33138

Mailing Address

P O BOX 414252  
MIAMI FL 33141

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DE JESUS LOPEZ, GUSTAVO  
15855 MIAMI LAKES WAY NORTH  
MIAMI LAKES FL 33014

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DE JESUS LOPEZ, GUSTAVO	1085 N.E. 79 STREET	MIAMI FL 33138				
P	JESUS LOPEZ, GUSTAVO D	P O BOX 414252	MIAMI FL 33141				

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 my address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-03-2002 90113 034 \*\*\*150.00

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FILED

02 NOV -1 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0805453** Applied For ☐ Not Applicable ☐

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

CR2034 (4/02)

MIAMI OCTOBER 7/2002

DIVISION OF CORRECTION

PPR 2/2

To whom it may concern

I GUSTAVO DE JESUS LOPEZ PRESIDENT OF

'GUS' Pool Service & Repairs Inc Document #P97000087331

I would like to re-inform you that I have not  
receive any rejection letter or 2002 form over the last

I submit a payment for \$150<sup>00</sup> with it cash

by your office thank you for your attention

Sincerely 'GUS' Pool Services & Repairs Inc  
P.O. Box 4142-52. Miami Beach  
Fla. 33141- phone 305-796-6288

