

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106213

1. Entity Name

MALIBU POOLS, INC.

Principal Place of Business

18829 N.W. 24TH COURT  
PEMBROKE PINES FL 33029

Mailing Address

18829 N.W. 24TH COURT  
PEMBROKE PINES FL 33029-5353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0800919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

NELSON-OLIPHANT, DARLENE  
2071 S.W. 70TH AVENUE  
SUITE G8  
DAVE FL 33317

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete  
NAME YOUNES, JOSEPH J  
STREET ADDRESS 18829 NW 24TH COURT  
CITY-ST-ZIP PEMBROKE PINE FL 33029

TITLE VP ☐ Change ☒ Addition  
NAME George David Jr.  
STREET ADDRESS 2326 Chestnut Street  
CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE ST ☐ Delete  
NAME YOUNES, SHERYL A  
STREET ADDRESS 18829 NW 24TH COURT  
CITY-ST-ZIP PEMBROKE PINE FL 33029

TITLE VP ☐ Change ☒ Addition  
NAME Kevin M. Faarrah  
STREET ADDRESS 18829 NW 24th Court  
CITY-ST-ZIP Pembroke Pines, FL 33029

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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

Date

Daytime Phone #

4/28/00 954 584 9344

CR2E034 (9/99)