

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029099

1. Entity Name

SPOTLESS POOL SERVICE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90142 021 ***150.00

Principal Place of Business

Mailing Address

1965 NE 135 STREET
#305
N. MIAMI FL 33181

PO BOX 612255
N MIAMI FL 33261-2255

2. Principal Place of Business

7020 PARK STREET

3. Mailing Address

7020 PARK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

HOLLYWOOD

Zip

FL

Country

33024

Zip

FL

Country

33024

4. FEI Number

65-0822121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONCADA, GLORIA
1965 NE 135 ST., #305
N. MIAMI FL 33181

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

Gloria Moncada

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MONCADA, GLORIA	
STREET ADDRESS	1965 NE 135 ST., #305	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRIETO, HERNAN	
STREET ADDRESS	1965 NE 135 ST., #305	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIA MONCADA	
STREET ADDRESS	7020 PARK STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIETO, HERNAN	
STREET ADDRESS	7020 PARK STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gloria Moncada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

(954) 454 9505

CR2E034 (9/99)