

2005 Re.
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

05 NOV 14 PM 12:14

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000046901**
1. Entity Name
MARINES POOL SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8877 NW 21ST CT
Suite, Apt. #, etc.

3. Mailing Address
8877 NW 21ST CT
Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33071

Country

Zip
33071

Country

4. FEI Number
65-0837856

Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
CEGARRA ERNESTO

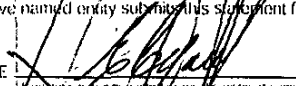
Street Address (P.O. Box Number is Not Acceptable)
8877 NW 21ST CT

City
CORAL SPRINGS

FL

Zip Code
33071

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  **10/15/05**

(NOTE: Registered Agent signature required when removing agent)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

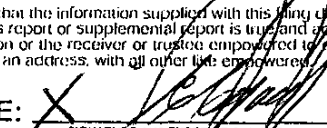
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE D	NAME BURGOS LUIS	TITLE D	NAME BURGOS LUIS
STREET ADDRESS 2629 NW 98TH WAY	STREET ADDRESS 2629 NW 98TH WAY	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP CORAL SPRINGS FL 33065	CITY-STATE-ZIP CORAL SPRINGS FL 33065	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE D	NAME CEGARRA ERNESTO	TITLE	NAME
STREET ADDRESS 8877 NW 21ST CT	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP CORAL SPRINGS FL 33071	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP

DO NOT WRITE IN THIS SPACE

900061415779
11/14/05--01054--014 **150.00

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 on an attachment with an address, with all other filers empowered.

SIGNATURE:  **10/15/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Day(s) Phone: _____

CR2E034B (12/01)

2/2

MARINES POOL SERVICES, INC.
8877 NW 21ST CT
CORAL SPRINGS FL 33071

October 15, 2005

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: MARINES POOL SERVICES, INC.
DOCUMENT#: P98000046901

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

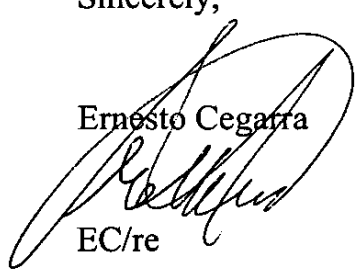
Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Ernesto Cegarra


EC/re