

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90151 037 ***150.00

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1. Entity Name
ALWAYS BLUE POOL CORP.



Principal Place of Business
**17790 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

Mailing Address
**17790 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business
2160 N.E. 207 St
Suite, Apt. #, etc.

3. Mailing Address
2160 N.E. 207 St
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33179
Country
DADE

City & State
MIAMI FL
Zip
33179
Country
DADE

4. FEI Number **65-0851334**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEVALLOS, FABRICIO
17790 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name
FABRICIO ZEVALLOS
Street Address (P.O. Box Number is Not Acceptable)
2160 N.E. 207 St.
City
MIAMI FL Zip Code
33179

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

04-15-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **ZEVALLOS, FABRICIO**
STREET ADDRESS **17790 N.E. 19TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **P** ☒ Delete
NAME **ZEVALLOS, GISELLE**
STREET ADDRESS **17790 NE 19TH AVE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **FABRICIO ZEVALLOS**
STREET ADDRESS **2160 N.E. 207 St.**
CITY-ST-ZIP **N. MIAMI FL. 33179**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-03 796-326-9257

CR2E034 (10/02)