

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90064 039 ***150.00

A0062512

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000057659

1. Entity Name
 Pool Pro Leak Detectors, Inc. ✓

Principal Place of Business
 8304 SW 206 Terr
 Miami, FL 33189

Mailing Address
 8304 SW 206 Terr
 Miami, FL 33189

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

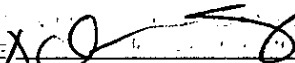
6. Name and Address of Current Registered Agent
 Suarez, Sonnie
 8304 SW 206 Terr
 Miami, FL 33189

7. Name and Address of New Registered Agent
 Name: Suarez, Ivan
 Street Address (P.O. Box Number is Not Acceptable): 8304 SW 206 Terr
 City: Miami FL Zip Code: 33189

4. FEI Number
 65-0846263 Applied For
 Not Applicable

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

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:  Ivan Suarez DATE: 4-20-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	owner Ivan Suarez 8304 SW 206 Terr Miami, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 4/20/01 DAYTIME PHONE #: 305-233-1020

Signature and typed or printed name of signing officer or director