FILED

CR2E034 (9/01)

2002 Uniform Business Report (UBR)

SIGNATURE:

SAN THE AND YEAR OF SHARE OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2002 8:00 am P98000089258 **DOCUMENT # Secretary of State** 1. Entity Name M & T POOL SUPPLIES AND SERVICES. INC. 04-10-2002 90475 031 ***150.00 Principal Place of Business Mailing Address 7376 SW 42ND ST 7376 SW 42ND ST MIAMI FL 33155 **MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address 4707 SW 74 Ave. 4707 SW 74 Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Miami, FL 33155 Miami, FL Applied For City & State City & State 4. FEI Number 65-0868855 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAYETANO MATOS BARBEITO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 7720 S.W. 78 STREET 4707 SW 74 Ave. **MIAMI FL 33143** City Miami 8. The above named entity submits this settement for the hypose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ent and title if applicable GAYETANO MATOS 9. This corporation is eligible to satisfy its Inta gible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State PRESTREME/911165 TO REFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE Delete GAYETANO MATOS BARBEITO, MARIA E NAME NAME 4707 SW 74 Ave. STREET ADDRESS 7720 S.W. 78 STREET STREET ADDRESS Miami, FL 33155 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 ☐ Change ☐ Addition TITLE TITLE Delete BARBEITO, ANTONIO NAME NAME STREET ADDRESS 7720 S.W. 78 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change Addition ☐ Delete TITLE NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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 empowered.

3/26/02

Date

(305) 269-0906

Daytime Phone #