

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90002 037 ***550.00

DOCUMENT # P99000027255

1. Entity Name
EXPRESS POOLS, INC.

Principal Place of Business
 9846 HAMMOCKS BLVD., NO 102
 MIAMI FL 33196

Mailing Address
 9846 HAMMOCKS BLVD., NO 102
 MIAMI FL 33196

2. Principal Place of Business
13441 SW. 99 Terr.
 Suite, Apt. #, etc.

3. Mailing Address
13441 SW. 99 Terr.
 Suite, Apt. #, etc.

City & State
MIAMI, FL
 Zip
33186
 Country
U.S.A.

City & State
MIAMI, FL
 Zip
33186
 Country
U.S.A.

4. FEI Number
65-0905350

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, CLAUDIA A
9846 HAMMOCKS BLVD., NO 102
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name
CLAUDIA A. RODRIGUEZ
 Street Address (P.O. Box Number is Not Acceptable)
13441 SW. 99 Terr.
 City
MIAMI **FL** Zip Code
33186

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 *Claudia Rodriguez*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/08/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD RODRIGUEZ, CLAUDIA A 9846 HAMMOCKS BLVD., NO 102 MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CLAUDIA A RODRIGUEZ 13441 SW. 99 TERR MIAMI FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Claudia Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/00
 Date

(305) 386 3585
 Daytime Phone #

CR2E034 (5/00)