

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

May 22, 2000 8:00 am  
Secretary of State

05-01-2000 90446 031 \*\*\*150.00

DOCUMENT # P99000077337

1. Entity Name

GENIE POOLS & CONSTRUCTION INC.

Principal Place of Business

7430 SW 41ST STREET  
UNIT B  
MIAMI FL 33155

Mailing Address

7430 SW 41ST STREET  
UNIT B  
MIAMI FL 33155-4401

2. Principal Place of Business

7430 SW 41st  
Suite, Apt. #, etc.

3. Mailing Address

7430 SW 41st  
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-0961771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABRAL, DAGOBERTO  
10372 SW 116TH ST.  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CABRAL, DAGOBERTO	
STREET ADDRESS	10372 SW 116TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Roberto Leon	
STREET ADDRESS	14129 SW 168th	
CITY-ST-ZIP	Miami, FL 33177	
TITLE	ASP	<input type="checkbox"/> Delete
NAME	MARCOS MARTINEZ	
STREET ADDRESS	2910 SW 76 Ave	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)