

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90149 033 \*\*\*150.00

**DOCUMENT # S67085**



1. Entity Name  
**MARLINS POOL SERVICE AND SUPPLY, INC.**

Principal Place of Business  
**7600 NW 186 ST  
MIAMI FL 33015  
US**

Mailing Address  
**340 NW 161 AVE  
PEMBROKE PINES FL 33028  
US**



2. Principal Place of Business  
**SATIE**

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0421866** Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUZA, JESUS  
340 NW 161 AVE  
PEMBROKE PINES FL 33028**

Name **N/A**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4/21/03**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	BOUZA JESUS		
STREET ADDRESS	340 NW 161 AVE		
CITY-ST-ZIP	PEMBROKE PINES FL		
V	BOUZA, MILAGROS		
STREET ADDRESS	5820 NW 114 ST		
CITY-ST-ZIP	HIALEAH FL		
S	BOUZA, MIGUEL		
STREET ADDRESS	5820 NW 114 ST		
CITY-ST-ZIP	HIALEAH FL		

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 JESUS BOUZA** 4/21/03 201-5587777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)