

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90349 024 ***158.75

DOCUMENT # V69274

1. Entity Name
J. POOL DEPOT, INC.

Principal Place of Business Mailing Address
924 S.W. 82ND AVENUE **924 S.W. 82ND AVENUE**
MIAMI FL 33174 **MIAMI FL 33174**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0360599** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, FABIOLA
924 SW 82 AVENUE
MIAMI FL 33144

Name **Campo, Osmin**
 Street Address (P.O. Box Number is Not Acceptable)
924 S.W. 82nd AVE.
 City **miami** FL Zip Code **33174**

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]* DATE

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, 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	P HERNENDEZ, FABIALO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	924 SW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	V HERNANDEZ, FABIOLA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	924 SW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME	ST HERNANDEZ, FABIOLA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	924 SW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P Mitjans, Carmen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	924 SW 82nd Ave.	
CITY-ST-ZIP	miami, FL 33144	
TITLE NAME	V Campo, Osmin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	924 SW 82nd Ave.	
CITY-ST-ZIP	miami, FL 33144	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without, I am empowered.

SIGNATURE: *[Signature]* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)