

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90012 001 \*\*\*300.00

**DOCUMENT # 509447**

1. Entity Name

**A&T PLUMBING, INC.**

Principal Place of Business

Mailing Address

**1455 NE 129 STREET  
 N MIAMI FL 33161  
 US**

**1455 NE 129 STREET  
 N. MIAMI FL 33161-4457  
 US**

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

**59-1690616**

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

**TRAPANESE, WILLIAM  
 1395 NW 203RD ST  
 MIAMI FL 33169**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>TRAPANESE, WILLIAM</b>	
STREET ADDRESS	<b>1395 N.W. 203 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>TRAPANESE, MARY LEIGH</b>	
STREET ADDRESS	<b>1395 NW 203TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>TRAPANESE, JEFFERY</b>	
STREET ADDRESS	<b>1395 NW 203TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *William Trapane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/00*

*305 891 2190*

CR2E034 (9/99)