

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

0161316  
AV

03-17-2003 90054 037 \*\*\*150.00

**DOCUMENT # P94000002666**



1. Entity Name  
**MASTER MECHANICAL SERVICES, INC.**

Principal Place of Business  
**6187 N.W. 167TH ST.  
H-25  
MIAMI FL 33015**

Mailing Address  
**6187 N.W. 167TH ST.  
H-25  
MIAMI FL 33015**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0460474**

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

**PINNA, JOANN  
49 NE 158 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. I am familiar with, and accept the obligations of registered agent.

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

**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PINNA, JOANN</b>	
STREET ADDRESS	<b>49 NE 158TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>PINNA, WILLIAM</b>	
STREET ADDRESS	<b>49 NE 158 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PINNA, SEAN C</b>	
STREET ADDRESS	<b><del>18241 NW 85 AVE</del> 18241 NW 85 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLOWERS, WILLIAM S</b>	
STREET ADDRESS	<b>441 NW 152 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL <del>33015</del> 33169</b>	
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"/> 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		
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		

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 another like empowered.

SIGNATURE: *JoAnn Pinna* **SIGNATURES REQUIRED JoAnn Pinna** 3/11/03 306/825-3004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)