2001	UNIFORM BUSI	NESS REPO	RT (UBR)	<u>) </u>		
DOCUMENT # P9400084851				FIL	ED	
А & В	PIPE AND SUPPLY, INC.				PĦ 3: 5 5	
Principal Place of Business 444 BRICKELL AVE. SUITE 300 RIVERGATE PLAZA MIAMI FL 33131 Mailing Address 444 BRICKELL AVE. SU RIVERGATE PLAZA MIAMI FL 33131 MIAMI FL 33131				OCODETAL	RY OF STATE SEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRI	DO NOT WRITE IN THIS SPACE	
City & State	8	City & State		4. FEI Number 65-0562693	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
MEDICIN	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New R	egistered Agent	
MERKIN STEWART A 444 BRICKELL AVENUE SUITE 300 MIAMI FL 33131				Street Address (P.O. Box Number is Not Acceptable)		
					1	
			City	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 F					orida.	
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) Tax filing requirement and elects to do so.				10. Election Campaign Fir	ancing \$5.00 May Be Added to Fees	
11."	OFFICERS AND (DIRECTORS	12.	ADDITIONS/CHANGES TO OFF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERKIN STEWART A. 444 BRICKELL AVE STE MIAMI FL 33131	300 □ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COLLAZO ENRIQUE J. 444 BRICKELL AVE STE MIAMI FL 33131	☐ Delete 300	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000 4 -06/2	Change Addition 14327210 0/0101069018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOCHER ALBERT H. 444 BRICKELL AVE STE MIAMI FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**************************************	158.75 Ctang 156 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGEOIS AUBREY 444 BRICKELL AVE STE MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZiP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ ANTONIO 444 BRICKELL AVE STE MIAMI FL 33131	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTAU EDWARD 444 BRICKELL AVE STE MIAMI FL 33131	☐ Delete 300	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
13. Uhereby o	certify that the information supplied with	this filing does not qualify for	the exemption stated	Lin Section 119 07(3)(i) Florida Statutes.	I further certify that the information	

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 in 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 out; that I am an officer or director of the corporation or the receiver or trustee impensive of oxecute 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 addies, with all other like empowered. ENPLONE & COLLARD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26 2001

305 691 500D

Daytime Phone #