2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000081066 **DOCUMENT #**

1. Entity Name

BIG PLUMBING SUPPLIES & WHOLESALE, INC.



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

03-17-2003 90060 045 ***150.00

l	

Name of Andrews BA 7 MALEAH GARGENS FL 2018 Sale Sa						TO THE STATE OF TH					
2. Principes Reason of Business Suite, Apt. #. dic. Suite, Apt. #. dic. GHECK HERE IF MAKING CHANGES Suite, Apt. #. dic. Suite, Apt. #. dic. GHECK HERE IF MAKING CHANGES Life, Apt. #. dic. Suite, Apt. #. dic. GHECK HERE IF MAKING CHANGES Life, Apt. #. dic. GHECK HERE IF MAKING CHANGES Life, Apt. #. dic. GHECK HERE IF MAKING CHANGES Suite, Apt. #. dic. GHECK HERE IF MAKING CHANGES Autopication	11890 NW 87TH BAY 7	COURT	11890 NW 87TH COURT BAY 7								
City & State	2. Principal Pla	ace of Business	3. Mailing Address						0181 (F84) 60 311	, - 1116 6111 1081	
Country	Suite, Apt. #	t, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1839 NW 87TH COURT BAY 7 HALEAH GARDENS FL 33018 6. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FL 2D Code TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME TILE N	City & State		City & State			4. F	El Number 65-0864482				
LATRAS, ABRAHAM 11890 NW 87TH COURT BAY 7 HIALEAH GARDENS FL 33018 8. In a above namics only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the chliquidans of registered agent, and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the chliquidans of registered agent. **SIGNATURE** *	Zip	Country :	Zip Country			try					
LATRAS, ABRAHAM 11890 NW 87TH COURT BAY 7 HALEAH GARDENS FL 33018 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Debts of Flo		6 Name and Address of Curren	t Registered	l Agent	-		7. N	ame and Address of New Registered	Agent		
11990 NW 87TH COURT BAY 7 THALEAH GARDENS FL 33018 City FL Zip Code		O. Hallio and Addition			====	Name -					
BAY 7 HIALEAH GARDENS FL 33018 8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent. **SIGNATURE** **OPTION AGENTATION AGENT AGENTS OFFICERS AND DIRECTORS IN I I I I I I I I I I I I I I I I I I						Street Addres	s (P.O. Bo	ox 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. *** ******************************		0/11/1000/11								1	
the obligations of registered agent. **SIGNATURE** **FILE NOW!!! FEE IS \$150.00 **After May 1, 2003 Fee will be \$550.00 **Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE **VPTD **LATRAS, ABRAHAM **LATRAS, ABRAHAM **LATRAS, ABRAHAM **STRET ADDRESS **CITY-ST-2P** **MIAMI FL 33018 **ITILE **POMORA, ANTHONY J **STRET ADDRESS **CITY-ST-2P** **MIAMI LS FL 33015 **TILE **NAME* **STRET ADDRESS **CITY-ST-2P** **Delete **ITILE **NAME* **STRET ADDRESS **CITY-ST-2P** **Delete **STRET ADDRESS **CITY-ST-2P** **Delete **STRET ADDRESS **CITY-ST-2P** **Delete **Delete **STRET ADDRESS **CITY-ST-2P** **Delete **Delete **STRET ADDRESS	HIALEAH (•	· ·			• '		
the obligations of registered agent. **ILE NOW!!! FEE IS \$150.00 **After May 1, 2003 Fee will be \$550.00 **Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS TITLE **INTEL **INT	8. The above	named entity submits this statement t	for the purpo	se of changing it	s register	ed office or regis	stered age	ent, or both, in the State of Florida. I am	familiar with	n, and accept	
SIGNATURE Signature, typed or printed name of lengistered agent and lite it applicable. (NOTE: Registered Agent signature required when reintation) DATE	the obligati	ons of registered agent.									
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Depàrtment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ATRAS, ABRAHAM STREET ADDRESS CITY-ST-ZIP MAME PSD MORA, ANTHONY J 19140 ROYAL BIRKDALE MIAMI LKS FL 33015 TITLE MAME CHANGES CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS C	OLONIATUDE							DATE			
After May 1, 2003 Fee will be \$\$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPTD	JIGHT ONE	Signature, typed or printed name of registered ager	nt and title if appli	icable. (NO	TE: Registere	ed Agent signature requ	Jired when re	enstating)			
TITLE VPTD Delete TITLE PSD MORA, ANTHONY J STREET ADDRESS TITLE MAME STREET ADDRESS TITLE Delete MAME M	After	May 1, 2003 Fee will be \$550.00	of State					l ' *			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S		-		35	11.		AD	DITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>		TIT	.E			☐ Change	₃ ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		LATRAS, ABRAHAM									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	-										
NAME STREET ADDRESS CITY-ST-ZIP MIAMI LKS FL 33015 TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Polete		· ·····			☐ Change	e Addition	
STREET ADDRESS CITY-ST-ZIP MIAMI LKS FL 33015 TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MIAMI LKS FL 33015 TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							
TITLE	ì				II -	ŀ					
Delete	CITY-ST-ZIP	MIAMI LKS FL 33015			CIT	Y-ST-ZIP			Chann	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	- 1		<u></u>			3	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP								·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					CIT	Y-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TIT	LE			Chang	e 🗌 Addition	
CITY-ST-ZIP						The state of the s	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	<u> </u>				_				☐ Chang	e Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHAnge Addition CHAnge Addition CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	i .			□ Delete		L.					
TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition	Į.				ST	REET ADDRESS				}	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP					CI	Y-ST-ZIP	_				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE			☐ Delete		ľ			∟ Chang	je Addition	
CITY-ST-ZIP	NAME										
UIT-51*2IF		11									
		certify that the information subpolied w	vith this filing	does not qualify			n Section	119.07(3)(i), Florida Statutes. I further c	ertify that th	ne information	

using eport is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director fusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered. of the corporation or the rechanged, or on an attach

SIGNATURE: