2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 10, 2000 8:00 am **DOCUMENT # 485308** 1. Entity Name Secretary of State STERN BROTHERS PLUMBING SUPPLY, INC. 03-10-2000 90002 004 ***150.00 Principal Place of Business Mailing Address 3666 CORAL WAY 3666 CORAL WAY MIAMI FL 33145-3015 **MIAMI FL 33145** C0031997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1616405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STERN, ROGER Street Address (P.O. Box Number is Not Acceptable) 8920 S.W. 40TH STREET **MIAMI FL 33155** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 5. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete STERN, ROGER NAME STREET ADDRESS MINDECO 3666 CORAL WAY CITY-ST-ZIP ST-ZIP MIAMI, FL 00000 DVP □ Change ☐ Addition ☐ Delete TITLE STERN, EUGENE NAME STREET ADDRESS *UDDLL't 3666 CORAL WAY CITY-ST-ZIP ST ZIP MIAMI, FL 00000 Change Addition ☐ Delete TITLE NAME *DDDESS STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Delete Change Addition STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Addition Delete TITLE NAME STREET ADDRESS VDDBFCC CITY-ST-ZIP

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.

ST-7P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR