

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90359 008 ***150.00

DOCUMENT # 512439

1. Entity Name

DADE PLUMBING CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11791 S.W. 31st Street

Suite, Apt. #, etc.

3. Mailing Address

11791 S.W. 31st Street

Suite, Apt. #, etc.

City & State

Miami

Florida

City & State

Miami

Florida

4. FEI Number

59-1722702

Applied For

Not Applicable

Zip

33175

Country

Zip

33175

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eniamio. Juan Carlos

Street Address (P.O. Box Number is Not Acceptable)

12373 S.W. 76 Street

City

Miami

FL

Zip Code

33183

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IN THIS SPACE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T/P

Adolfo L Castañeda

11791 SW 31st St.

Miami FL 33175

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

Julio C Castañeda

11951 SW 35 Street

Miami FL 33175

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with or without other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2005 (305)551 9048

Date

Daytime Phone #

CR2E034B (12/02)