2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F15262** Feb 27, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTHERN VALVE & FITTINGS, INC. 02-27-2000 90078 019 ***150.00 Principal Place of Business Mailing Address 261 NW 71 ST 261 NW 71 ST MIAMI FL 33150-3755 MIAMI FL 33150 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2058592 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DADE COUNTY CORPORATE AGENTS Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD SUITE 505 NORTH MIAMI BEACH FL 33180 Zip Code FL 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. **SIGNATURE** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BYMEL, FELIX B. NAME NAME STREET ADDRESS STREET ADDRESS 261 N W 71 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33150 ☐ Addition Change ☐ Delete TITLE TITLE RUBIN, CARL H NAME NAME STREET ADDRESS 261 N W 71 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33150 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 exercise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

B. BYMEZ 2-11-00 SIGNATURE SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OF

of the corporation or the reserved or on an attackmen