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1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98017

1. Corporation Name

JUMA PL	LUMBING SUPPLY CORP.				1 K a un oe an a 1011	I I I l iu Iau Iuu	. 1 01 0 1 010 1 1014 1010		ERI EREK I re
Principal Place	e of Business	Mailing Address			1 1886188 1116 1811	F)			
4950 S.W. 75 A	VENUE	4950 S.W. 75 AVENUE							
%-SALVADOR-TUMA		- % - SALVADOR-TUMA				NAT WOITE		_	
MIAMI FL 33155	5-4439	MIAMI FL 33155-4439					IN THIS SPAC	£	
		_			 Date Incorporated 08/31/1982 	or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		L	Арр	lied For
21		26			59-2405429				Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired		. 75 Ad ee Req	ditional uired
City & State	9	City & State			6. Election Campaign	Financino	_ \$!	5.00 A	Jav Be
23		28			Trust Fund Contrib			dded to	
Zip	Country	Zip	Country		8. This corporation ov	ves the currer	nt vear Intangible		
24	25	29 3	0		Personal Property		☐ Ye		_]No
27]	9. Name and Address of Curre	<u> </u>			10. Name and Addres		gistered Agent		
			81 Nan	ne					_
TUM	A, MARLON		20 0	-4 4 4 4	ss (P.O. Box Number is	Not Assentab	(a)		
2900 S.W. 127 AVENUE			82 Stre	et Addres	ss (P.O. Box Number is	Not Acceptab	ie)		
MIAN	/II FL 33175		83						
			84 City				FL 85	Zip C	ode
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	the shove-nam	ed cornor	ation submits this stater	nent for the pi	urpose of change	ina its r	edistered
agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga-	02 and 607.1508, Florida Statutes e of Florida. Such change was auth ations of, Section 607.0505, Florid	norized by the co a Statutes.	prporation	's board of directors. I h	ereby accept	the appointment	as reg	istered
agent. 1 ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ations of, Section 607.0505, Fiorid	norized by the co a Statutes.		vhen reinstating)		DATE		·
agent. 1 ar SIGNATURE	m familiar with, and accept the obligation of registered against typed or printed name of registered against the control of th	ations of, Section 607.0505, Fiorid	a Statules.	ire required v	when reinstating) ADDITIONS/CHANG		DATE CERS AND DIR	ECTOF	
agent. 1 ar	m familiar with, and accept the obligation of registered against typed or printed name of registered against the control of th	ent and title if applicable. (NOTE: R	a Statutes.	ire required v	when reinstating) ADDITIONS/CHANG SIDENT		DATE CERS AND DIR		·
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agent. 1 ar SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: R	egistered Agent signatu 13. 1.1 TITLE	PRE MY	when reinstating) ADDITIONS/CHANG SIDENT ARLON TUMA 20 SIN 127 AVE	GES TO OFFI	DATE CERS AND DIR	ECTOF	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filled does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and execute 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 of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 261 - 6666 Daytime Phone #

Change

Addition