2003 FOR PROFIT CORPORATION

Feb 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** G09751 DOCUMENT # 02-17-2003 90235 008 ***158.75 1. Entity Name J.F.M. PLUMBING, INC. Principal Place of Business Mailing Address 8756 SW 129TH ST 8756 SW 129TH STREET MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2239033 Not Applicable Zip Country Country \$8.75 Additional Х 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILES, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 716 TIBIDABO AVE CORAL GABLES FL 33143 City 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. SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CR2E034 (10/02) **PSTD** ☐ Addition TITLE Delete TITLE Change MILES, JOSEPH F NAME NAME 716 TIBIDABO AVENUE STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ROACHE, PAUL J NAME STREET ADDRESS **15320 SW 81ST AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33157** ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition

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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 of 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: (SIGNATURE: PRECIOSEPHE) Miles, Jr. February 13, 2003 305-278-7117 SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-7IP