

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G88021**

1. Entity Name

LEENICK PLUMBING CORP.**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90293 050 ***150.00

Principal Place of Business

**20340 NE 5 COURT
N MIAMI BEACH FL 33179
US**

Mailing Address

~~**10942 N.W. 18TH DRIVE
10942 NW 18 DRIVE
PLANTATION FL 33322
US**~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9764 E TREE TOPS CT

Suite, Apt. #, etc.

City & State
DAVIE, FL

Zip

Country

33328-7105

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2396440**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCENTI, CAROLEE
10942 N.W. 18TH DRIVE
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

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

9764 E TREE TOPS CTCity **DAVIE****FL**Zip Code
33328-7105

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LUCENTI, NICHOLAS	
STREET ADDRESS	10942 N.W. 18TH DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	LUCENTI, CAROLEE	
STREET ADDRESS	10942 N.W. 18TH DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9764 E TREE TOPS CT	
CITY-ST-ZIP	DAVIE, FL 33328-7105	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9764 E TREE TOPS CT	
CITY-ST-ZIP	DAVIE, FL 33328-7105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-01 924-473-6115

CR2E034 (10/00)