

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K74390

1. Entity Name

PLUMBING MANAGEMENT SYSTEMS, INC.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90079 015 ***150.00

Principal Place of Business

101 NW 176TH ST.
MIAMI FL 33169

Mailing Address

101 NW 176TH ST.
MIAMI FL 33169

C0010186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0106938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, JAMES M
101 NW 176TH ST
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

WOODS, KENNETH

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

101 NW 176 ST.

City

Miami

FL

Zip Code

33169

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 ☐ Delete
NAME D
STREET ADDRESS BYRUM, JOSEPH
CITY-ST-ZIP 101 NW 176TH ST.
MIAMI FL 33169

TITLE ☐ Delete
NAME P
STREET ADDRESS WOODS, KENNETH
CITY-ST-ZIP 101 NW 176TH ST.
MIAMI FL 33169

TITLE ☐ Delete
NAME TAS
STREET ADDRESS MEYER, JAMES
CITY-ST-ZIP 101 NW 176TH ST.
MIAMI FL 33169

TITLE ☐ Delete
NAME S
STREET ADDRESS MOFFETT, M. ELLEN
CITY-ST-ZIP 101 NW 176TH ST.
MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1/10/01
Date

305 651 0940
Daytime Phone #

CR2E034 (10/00)