

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90112 048 \*\*\*550.00

**DOCUMENT # L35718**

1. Entity Name  
**G & R PLUMBING, INC.**

Principal Place of Business      Mailing Address  
**9744 SW 154 PL**      **9744 SW 154 PL**  
**MIAMI FL 33196-3897**      **MIAMI FL 33196-3897**  
**US**      **US**

**A0030153**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**15340 S.W. 297 St**      **15340 S.W. 297 St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**None**      **None**  
 City & State      City & State  
**Homestead Florida**      **Homestead Florida**  
 Zip      Country      Zip      Country  
**33033**      **DADE**      **33033**      **DADE**

4. FEI Number      Applied For  
**65-0158641**       Not-Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**HERNANDEZ, AGUSTIN**  
**9744 S.W. 154 PL**  
**MIAMI FL 33196-3897**

7. Name and Address of New Registered Agent  
 Name      **Agustin HERNANDEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15340 S.W. 297 St**  
 City      **Home stead FL**      **FL**      Zip Code      **33033**

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]*      DATE      **3-2-2001**  
Signature, if not official name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, AGUSTIN</b>
STREET ADDRESS	<b>9744 S.W. 154 PL</b>
CITY-ST-ZIP	<b>MIAMI FL 33196-3897</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>WILKES, RICHARD M</b>
STREET ADDRESS	<b>12570 S.W. 45 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, AGUSTIN</b>
STREET ADDRESS	<b>9744 S.W. 154 PL</b>
CITY-ST-ZIP	<b>MIAMI FL 33196-3897</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>ALVAREZ, EDWARD</b>
STREET ADDRESS	<b>8433 SW 144 CT</b>
CITY-ST-ZIP	<b>MIAMI FL 33183</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PBT'D HERNANDEZ Agustin</b>
STREET ADDRESS	<b>15340 S.W. 297 St</b>
CITY-ST-ZIP	<b>Home stead Florida 33033</b>
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]*      Date      **3-2-01**      Daytime Phone #      **305-962-5072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)