

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05525

1. Entity Name

Carlos Rivero Plumbing & Septic Tank Contractor, Inc.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90060 019 ***158.75

Principal Place of Business

Mailing Address

757 NW 21 Terr
Miami, FL 33127

10360 SW 34 ST
Miami, FL 33165-3808

C0049082

2. Principal Place of Business

757 NW 21 Terr

Suite, Apt. #, etc.

3. Mailing Address

10360 SW 34 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-2446956

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Carlos Rivero
10360 SW 34 ST
Miami, FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when substituting)

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 \$180.00

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: PD
NAME: Rivero, Carlos
STREET ADDRESS: 10360 SW 34 ST
CITY, ST, ZIP: Miami, FL 33165
☐ Delete

TITLE: SD
NAME: Rivero, Maria C.
STREET ADDRESS: 10360 SW 34 ST
CITY, ST, ZIP: Miami, FL 33165
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Change ☐ Addition

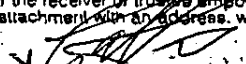
TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:
☐ Change ☐ Addition

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

Update Form 8