

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90110 001 \*\*\*163.75

**DOCUMENT # M08217**

1. Entity Name  
**L & S PLUMBING SERVICE, INC.**

Principal Place of Business      Mailing Address  
**6427 N.W. 201ST TERRACE**      **6427 N.W. 201ST TERRACE**  
**MIAMI FL 33015**      **MIAMI FL 33015**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2494217**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DELGADO, RICARDO**  
**10235 S.W. 8 TERR.**  
**MIAMI FL 33174**

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: *Gavin Keller*  
 Signature, typed or printed name of registered agent and date 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	PD	<input type="checkbox"/> Delete
NAME	KELLY, LOUIS, JR.	
STREET ADDRESS	1760 N.W. 152ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, SARAH	
STREET ADDRESS	1760 N.W. 152ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CURTIS, LINDA R.	
STREET ADDRESS	1760 N.W. 152ND STREET	
CITY-ST-ZIP	MIAMI FL	
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	
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	
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: *Gavin Keller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)