2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P00000010078



FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity N WALTER	R PLUMBING CORPORATION	ON .			03-17-2003 9	90057 042 ***15	
Principal Place of Business 4054 SW 113TH AVENUE MIAMI FL 33165		Mailing Address 4054 SW 113TH AVENUE MIAMI FL 33165					
2. Principa	I Place of Business	3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & St		City & State			4. FEI Number 65-0976093		Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
G) TREDE	DE7 WALTED		Name	9		ogistereo Agent	
GUTTERREZ, WALTER 4004 SW 113TH AVENUE MIANTI FL 33165			Stree	Street Address (P.O. Box Number is Not Acceptable)			
WIDANTE			City			- 17.0	
8. The above	e named entity submits this statement f ations of registered agent.	or the purpose of changing its	s registered office	or registered a	agent, or both, in the State of Flor	Zip Co	h, and accept
1							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	nature required when	n reinstating)	DATE	
F . Afte	THE NOW!!! FEE IS \$150.00 or lay 1, 2003 Fee will be \$550.00 k f vable to Florida Department o	·			9. Election Campaign Fina Trust Fund Contribution.		00 May Be
10.	OFFICERS AND		11,		PDITIONS ISLANDED TO		ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUTIERREZ, WALTER 4054 SW 113TH AVENUE MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	AS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		`⊡' Delete · · · · · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 34	4	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: