

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90205 020 ***150.00

DOCUMENT # P00000016694

1. Entity Name
PINECREST KENDALL PLUMBING INC.

Principal Place of Business 2770 NW 97TH AVENUE MIAMI FL 33172	Mailing Address 2770 NW 97TH AVENUE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

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 65-0988651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**TORRES, ALEXANDER N
 2770 NW 97TH AVENUE
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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: **PRESIDENT** DATE: **4/29/01**

Signature typed or printed 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. (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	<input checked="" type="checkbox"/>	Delete <input type="checkbox"/>
NAME	<input checked="" type="checkbox"/>	
STREET ADDRESS	<input checked="" type="checkbox"/>	
CITY-ST-ZIP	<input checked="" type="checkbox"/>	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	ALEXANDER N. TORRES		
STREET ADDRESS	2770 NW 97 AVE		
CITY-ST-ZIP	MIAMI, FL. 33172		
TITLE	TREASURER	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	ALEXANDER N. TORRES		
STREET ADDRESS	2770 NW 97 AVE		
CITY-ST-ZIP	MIAMI, FL. 33172		
TITLE	SECRETARY	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	ALEXANDER N. TORRES		
STREET ADDRESS	2770 NW 97 AVE		
CITY-ST-ZIP	MIAMI, FL. 33172		
TITLE	DIRECTOR	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	ALEXANDER N. TORRES		
STREET ADDRESS	2770 NW 97 AVE		
CITY-ST-ZIP	MIAMI, FL. 33172		
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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: **ALEXANDER N. TORRES** DATE: **4/29/01** DAYTIME PHONE #: **305-598-0312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)