

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90351 036 ***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**

2. Principal Place of Business

7460 SW 107th AVE

3. Mailing Address

7460 SW 107th AVE

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

65-0988651

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

**TORRES, ALEXANDER N
 2770 NW 97TH AVENUE
 MIAMI FL 33172**

7.- Name and Address of New Registered Agent

Name

ALEXANDER N. TORRES

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

7460 SW 107 AVE #3103

City

MIAMI

FL

Zip Code

33173

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 title 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,SD <input type="checkbox"/> Delete	TITLE	P,SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ALEXANDER N	NAME	
STREET ADDRESS	2770 NW 97TH AVENUE	STREET ADDRESS	7460 SW 107th AVE, # 103
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	MIAMI, FL, 33173
TITLE	<input type="checkbox"/> Delete	TITLE	T,VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TORRES VIRGINIA
STREET ADDRESS		STREET ADDRESS	7460 SW 102th AVE, # 103
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

786-263-0065
 Daytime Phone #

CR2E034 (9/01)