2001 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supple of the corporation or the receive changed, or on an attachment

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000038085 1. Entity Name SUNNY ISLES PLUMBING, INC. 05-10-2001 90136 019 ***150.00 Principal Place of Business Mailing Address 113 N FEDERAL HWY 113 N FEDERAL HWY DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 N FEDERAL HWY DANIA BEACH FL 33004 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITI fe PVSD ☐ Delete TITLE Change LORENZO, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 18501 N BAY RD CITY-6T-ZIP CITY-ST-ZIP SUNNY ISLES FL 33160 TITLE TD ☐ Delete ☐ Addition TITLE ☐ Change NAME COLON, RICKY NAME STREET ADDRESS STREET ADDRESS 18501 N BAY RD CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES FL 33160 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP bed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information

FILED