

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/30

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90442 004 \*\*\*163.75

**DOCUMENT # P00000117007**

1. Entity Name

**BRUCA PLUMBING CORPORATION**

Principal Place of Business

7784 2 29 LN #102  
 HIALEAH FL 33018

Mailing Address

7784 2 29 LN #102  
 HIALEAH FL 33018

2. Principal Place of Business

7784 2 29 LN #102

Suite, Apt. #, etc.  
 102

City & State

HIALEAH

Zip  
 33018

Country  
 FL

3. Mailing Address

7784 2 29 LN

Suite, Apt. #, etc.  
 102

City & State

HIALEAH

Zip  
 33018

Country  
 HIALEAH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1063128

Applied For

Not Applicable

5. Certificate of Status Desired

1

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DAZ, BRUNO  
 7784 2 29 LN #102  
 HIALEAH FL 33018

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

Carolina Rodas

Bruno Diaz

04/25/01

Signature, typed or printed name of registered agent and file # app. 2001 a.

(NOTE: Registered Agent signature required when reappointing)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>DAZ, BRUNO<br>7784 2 29 LN #102<br>HIALEAH FL 33018      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>RODAS, MARIA C<br>7784 2 29 LN #102<br>HIALEAH FL 33018 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Carolina Rodas

04/25/01

305823636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

Date

Daytime Phone #

Bruno Diaz

CR2E034 (10/00)