

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 70100000 7697

1. Entity Name

Florida Kitchen + Plumbing Installation, Inc.



03 APR 22 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3395 NW 79th Ave

Suite, Apt. #, etc.

3. Mailing Address

3395 NW 79th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1072422

Applied For

No: Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Herb E. Denschel

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

9165 Park Dr.

City

Miami Shores

FL

Zip Code

33138

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Herb E. Denschel, Herb E. Denschel DST

4/16/03

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	Herb E. Denschel
STREET ADDRESS	9165 Park Drive
CITY-STATE-ZIP	Miami Shores, FL 33138
TITLE	DP
NAME	Juan Delgado
STREET ADDRESS	3395 NW 79th Street
CITY-STATE-ZIP	Miami, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	800016393528
STREET ADDRESS	04/21/03--01053--013 **150.00
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Herb E. Denschel, Herb E. Denschel DST

4/16/03

(305) 594-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034B (12/02)

4/23