


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90860 037 ***150.00

DOCUMENT # P02000003712
1. Entity Name
STOPMANN PLUMBING, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 1824 WEST AVENUE | | 3. Mailing Address 1824 WEST AVENUE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI BEACH, FLORIDA | | City & State MIAMI BEACH, FLORIDA | |
| Zip 33139 | Country USA | Zip 33139 | Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KROOP & SCHEINBERG, P.A.

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

C-1

City
MIAMI BEACH FL Zip Code
33139

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:  PRES. DATE: **2/13/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

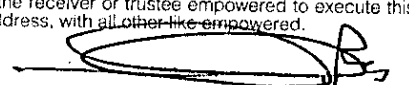
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, DIRECTOR JAY MEISELMAN 1824 WEST AVENUE MIAMI BEACH, FL 33139 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:  **Jay Meiselman, Pres** DATE: **2/15/03** Daytime Phone #: **305-531-0481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR