

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90943 003 ***158.75

DOCUMENT # P02000009198

1. Entity Name
PLUMBING SUPPLY DISTRIBUTION CORP.



Principal Place of Business
**2517 WEST 72ND STREET
HIALEAH FL 33016**

Mailing Address
**2517 WEST 72ND STREET
HIALEAH FL 33016**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2970 W 84ST
Suite, Apt. #, etc.
BAY #2**

3. Mailing Address

**2970 W 84ST
Suite, Apt. #, etc.
BAY #2**

City & State

HIALEAH Florida

City & State

HIALEAH Florida

Zip

33018

Country

U.S.A

Zip

33018

Country

U.S.A

4. FEI Number

01-0639318

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, JASET
2517 WEST 72ND STREET
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

LIDYA GARCIA

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

2517 W 72ST

City

HIALEAH

FL

Zip Code

33016

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 **Lidya Garcia**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

February 26, 2003
DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **GARCIA, RENE**
STREET ADDRESS **2517 WEST 72ND STREET**
CITY-ST-ZIP **HIALEAH FL 33016**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Change ☒ Addition
NAME **LIDYA GARCIA**
STREET ADDRESS **2517 W 72ST HIALEAH FL 33016**
CITY-ST-ZIP **33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RENE GARCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 26, 2003 305-824-0997
Date Daytime Phone #

CR2E034 (10/02)