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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P93000008544 (7)

UNIVERSAL PLUMBING CORP.

Principal Place of Business

Mailing Address



| MIAMI FL 33165 | | | | 99885 SW 49 ST. MIAMI FL 33165 US | | | | | | | | | |
|---|---------------------|--------------------------------|----------------------------|---|-----------------|-------|--------------------|--|--|-------------|----------------|-------------|---------------------------------------|
| | | | | | | | | -: | 3. Date locomorated c 02/03/1993 | r Qualified | 3a. Date | 3/01/1 | 995 ^t |
| 2. Principal Place of Business | | | | Mailing Address | | | | | 4. FEI Number | | | | Applied For |
| 21 4555 SW 75 Ave. | | | | Same | | | | | 4. FEI Number 65-038464 | 2 | | \vdash | Not Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | | | 5 Additional |
| 22 | | | | | | | | ' | Certificate of Status | Desired | | | Required |
| City & State | | | | City & State | | | | | 6. Election Campaign (| Financing | | \$5.0 | 0 May Be |
| ²³ Miami | FL | | 28 | | | | | Trust Fund Contribu | tion | | | ed to Fees | |
| Zip | Country | | | Zip Country | | | 1 | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | |
| 24 33155 | | | | | | 30 | | | Florida Statutes Yes No | | | | |
| | 9, Name s | and Address of Cure | ent Regis | tered Agent | | - | | | Name and Addres | s of New R | egistered A | Agent | |
| POMAN | I AIREDTO | ` | | | | 81 | Name |) | | | | | |
| ROMAN, ALBERTO 9985 SW 49TH STREET MIAMI FL 33165 | | | | | | 82 | Street | Address (| ress (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| IAITANN I | 1 23100 | | | | | 83 | | | | | | | |
| | | | | | | 84 | City | | WIN UP . UP | | FL | 85 Z | ip Code |
| 11. Pursuant to the provisions of Spotions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and provided bligations of Section 607.0505, Florida Statutes. | | | | | | | | | | | | | |
| . 4 | | 7119001991011501.50 | | Alberto | | | | _ | | | 20-96 | | |
| SIGNATURE X | Signature, typed or | printed name of registered aga | ent a nd tillu if a | | OTt : Hogistere | | | | | | DATE | | |
| 12. | | OFFICERS A | ND DIREC | | 13. | | | | ADDITIONS/CHANG | ES TO OFFI | CERS AND | DIRECTO | DRS IN 12 |
| TITLE | PD | LALDEDTA | | DELETE | 1.11 | TITLE | | T | | | |] Change | Addition |
| NAME | | I, ALBERTO | | | 1.2 N | IAME | | | | | | | |
| STREET ADDRESS | | W 49 ST | | | 1.3 \$ | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI I | FL 33165 | | | 1.4 0 | ITY-S | 31 - ZIP | | | | | | |
| TITLE | ••• | GUEZ, CARLOS M | | DELETE | 2.11 | TITLE | | | | | Ë |] Change | Addition |
| NAME | | SW 51 ST | | | 22 N | IAME | | | | | | | |
| STREET ADDRESS | | FL 33165 | | | 235 | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MINANI | rt 33 103 | | | 240 | ITY-S | 31 - 7IP | | | **** | | | |
| TITLE | | | | DELETE | 3 1 1 | TIFLE | | | | | |] Change | ☐ Addition |
| NAME | | | | | 3 2 N | IAME | | į | | | | | |
| STREET ADDRESS | | | | | 3.3. 5 | STREE | I ADDRESS | · | | | | | |
| CITY-ST-7IP | | | <i>.</i> | Pil Ne ere | · | | ST-ZIP | 4 | | | ···· | | |
| TITLE | | | | ☐ DELETE | 4.11 | | | ļ | | | |] Change | Addition |
| NAME | | | | | 4.2 N | | | | | | | | |
| STREET ADDRESS | | | | | 4.3 S | 19861 | ADDRESS | | | | | | |
| CITY-ST-7IP | | | | Closurat | | | ST-ZIP | ļ | | | | | |
| TITLE | | | | DELETE | 5.11 | | | | | | L. |] Change | Addition |
| NAME | | | | | 5.2 N | | | | | | | | |
| STREET ADDRESS | | | | | 1 | | ADDRESS | | | | | | |
| CITY-SI-ZIP | | | | Fincitie | | | 1-7IP | | | | ···· | 1 05 | |
| TITLE | | | | ☐ DELETE | 6.11 | | | | | | L. |] Change | Addition |
| NAME CTOTES ADDRESS | | | | | 62 N | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | 1 | | | | | |
| 14. I do hereby | certify that the | ne information supplied | with this | filing is voluntarily fun | | | ST-2IP sinotiou | lalify for the | e exemption stated in S | Section 119 | 07(3)(k), Flor | ida Statu | tes I further |

certify that the information indicated on this annual report or supplemental annual 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 commation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Alberto Roman

4-20-96

Daytime Phone #