2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000072058 May 31, 2000 8:00 am Secretary of State A 21 ST. CENTURY PLUMBING CO., INC. 05-31-2000 90003 032 ***150.00 Principal Place of Business Mailing Address 21 SW 59 AVE 21 SW 59 AVE **MIAMI FL 33144** MIAMI FL 33144-3326 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0442580 Not Applicable Country Zip Zip \$8.75 Additional Country Certificate of Status Desired : _ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERRERA, BONI A Street Address (P.O. Box Number is Not Acceptable) 21 S.W. 59TH AVE. **MIAMI FL 33144** Zip Code FL submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE HERRERA, BONI A NAME NAME 21 SW 59 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM) FL 33144 MEDSULEIL ☐ Addition ☐ Delete TITLE GUILLERMO, NAME NAME 5125 NW 193 TERR STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition VP - ----TITLE Delete TITLE GARCIA, FRANCISCO NAME NAME 750 NW 45 AVE -#23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: