

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

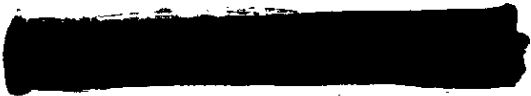
05-31-2000 90023 024 ***150.00

DOCUMENT # ~~P9400003657~~
 Entity Name **P94000036579**
MARINI PLUMBING INC.

Local Place of Business: **304 NW 61ST ST**
 Mailing Address: **6301 NW 61ST ST**
PANCLAND FL **PANCLAND, FL**
33067-4411 **33067-4411**

Principal Place of Business: [Blank]
 3. Mailing Address: [Blank]
 Suite, Apt. #, etc.: [Blank]
 City & State: [Blank]
 City & State: [Blank]
 Zip: [Blank] Country: [Blank] Zip: [Blank] Country: [Blank]

4. FEI Number **65-0992261** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent [Blank]
 7. Name and Address of New Registered Agent
 Name: **Robert Marini**
 Street Address (P.O. Box Number is Not Acceptable): **6031 NW 61ST ST**
 City: **PANCLAND** FL Zip Code: **33067**

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.
 Signature: **Robert Marini** (NOTE: Registered Agent signature required when re-appointing)
 DATE: **4/29/00**

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME: MARINI, Robert STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MANINI Robert STREET ADDRESS: 6031 NW 61ST ST CITY-ST-ZIP: PANCLAND, FL 33067 <input type="checkbox"/> Delete	TITLE: P,VP,ST D NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(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: **Robert Marini** **4/29/00**