

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059731

1. Entity Name

BROCK PLUMBING, INC.

Principal Place of Business

20941 NE 24TH AVE
MIAMI FL 33186
US

Mailing Address

PO BOX 546611
MIAMI FL 33154-0611
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0531961

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LO BRACCO, TOM

~~1717 N. BAYSHORE DR., #3035~~

MIAMI FL ~~33132~~

PLEASE CHANGE

Name Tom LoBracco

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

98995 Collins Avenue

City Miami

FL

Zip Code 33154

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.

SIGNATURE *Tom LoBracco*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LO BRACCO, TOM
STREET ADDRESS ~~1717 N. BAYSHORE DR., #3035~~
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE S
NAME LO BRACCO, TOM
STREET ADDRESS ~~1717 N. BAYSHORE DR., #3035~~
CITY-ST-ZIP MIAMI FL

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TITLE Tom LoBracco, Pres.
NAME
STREET ADDRESS 98995 Collins Avenue
CITY-ST-ZIP Miami, Fla. 33154

☒ Change ☐ Addition

TITLE Tom LoBracco # D
NAME
STREET ADDRESS 98995 Collins Avenue
CITY-ST-ZIP Miami, Fla. 33154

☒ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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: *Tom LoBracco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99 (305) 389-7586

Date

Daytime Phone #

CR2F034 (9/99)



DO NOT WRITE IN THIS SPACE