

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084851

1. Entity Name

A & B PIPE AND SUPPLY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90188 027 ***158.75

Principal Place of Business 444 BRICKELL AVE STE 300 RIVERGATE PLAZA MIAMI FL 33131	Mailing Address 444 BRICKELL AVE STE 300 RIVERGATE PLAZA MIAMI FL 33131-2472
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0562693	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
MERKIN, STEWART A
444 BRICKELL AVENUE STE. 300
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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

TITLE	S	<input type="checkbox"/> Delete
NAME	MERKIN, STEWART A.	
STREET ADDRESS	444 BRICKELL AVE, STE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DC	<input type="checkbox"/> Delete
NAME	COLLAZO, ENRIQUE J	
STREET ADDRESS	444 BIRKCELL AVE. STE. #300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KOCHER, ALBERT H	
STREET ADDRESS	444 BIRKCELL AVE. #300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGEIOIS, AUBREY	
STREET ADDRESS	444 BRICKELL AVE. #300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, ANTONIO	
STREET ADDRESS	444 BRICKELL AVE STE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARTAU, EDWARD	
STREET ADDRESS	444 BRICKELL AVE SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: ENRIQUE J COLLAZO 4/25/2000 305 6915002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)