FILED Feb 19, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P9500000282 1. Entity Name

SOUTHERN VALVE & FITTING U.S.A., INC.					02-19-2001 90004 017 ***150.00				
Principal Place of Business 261 NW 71ST STREET MIAMI FL 33150-3753		Mailing Address 261 NW 71ST STREET MIAMI FL 33150-3753					neto)	
2. Principal Pl	lace of Business NW 7/ ST	3. Mailing Address 24 NW757							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	IAMI FL	City & State M. Ami	Fl	4. F	FEI Number 65-054694		No	oplied For ot Applicable	
zip -331	50 Country DADE-	- Zin 33150-	Country USA -		Certificate of Status Desired	Fe-	3.75 Add e Require		
	6. Name and Address of Current	Registered Agent	Name 🗸	<u> </u>	Name and Address of New R		<u>ent</u>		
RICHARD, ROBERT W 1050 PENNSYLVANIA AVE #10 MIAMI BCH FL 33139				ss (P,O. B	ant W Rice Box Number is Not Agceptable PETRISY/UAWI	HARD A AU	Zip Cod	\$/35	
8. The above	named entity submits this statement fo	r the purpose of changing its re				orida.	<u></u>		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	egistered Agent signature requ	uired when re	einstating)	2/12/ DATE	<u>/o/</u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to De				State	10. Election Campaign Fir Trust Fund Contributio	n. 🗆	Addec	00 May Be	
11.	OFFICERS AND		12.	AD	DITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, ROBERT W 261 NW 71 ST MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition	
indicated	Learlify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	strue and accurate and that my	isionature shall have t	he same	legal ettect as it made under	oath: that I am	i an officer	r or airector	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W RICHARD 2/12/01