2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90279 010 ***150.00

DOCUMENT # **P95000002700**

1. Entity Name
A & E PLUMBING SERVICES, INC.

11013991

Principal Place of Business	Mailing Address
~~3633 WEST 2ND COURT~~	~~3633 WEST 2ND COURT~~
~~HIALEAH, FL 33012~~	~~HIALEAH, FL 33012~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
235 E 40th St		235 E 40th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hialeah FL		City & State: Hialeah FL	
Zip: 33013	Country: USA	Zip: 33013	Country: USA

4. FEI Number **65-0546416** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERO, JUAN
~~3633 WEST 2ND COURT~~
~~HIALEAH, FL 33012~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
235 E 40th St

City Hialeah FL Zip Code 33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	RIVERO, JUAN		NAME		
STREET ADDRESS	~~3633 WEST 2ND COURT~~		STREET ADDRESS	235 E 40th st	
CITY-ST-ZIP	~~HIALEAH, FL 33012~~		CITY-ST-ZIP	Hialeah FL 33013	
TITLE	VTD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	~~RIVERO, CARMEN~~		NAME		
STREET ADDRESS	~~3633 WEST 2ND COURT~~		STREET ADDRESS		
CITY-ST-ZIP	~~HIALEAH, FL 33012~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] 2-19-03 (305) 364-9456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #