

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088406

1. Entity Name

QUALITY PLUMBING CONTRACTORS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90155 029 ***158.75

Principal Place of Business

Mailing Address

1565 W 35TH PL
HIALEAH FL 33012

1565 W 35TH PL
HIALEAH FL 33012-4625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0620905

Applied For
Not Applicable

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

MORALES, CARLOS
6294 W 15TH CT
HIALEAH FL 33014

Name RAFAEL M. PADRON
Street Address (P.O. Box Number is Not Acceptable)
1565 W. 35 PLC.
City HIALEAH FL Zip Code 33012

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

Signature, type 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	<input type="checkbox"/> Delete
NAME	SERAFIN, RAUL H	
STREET ADDRESS	2950 SW 135 AVENUE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	T	<input type="checkbox"/> Delete
NAME	PADRON, RAFAEL M	
STREET ADDRESS	4290 SW 109 AVENUE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	S	<input type="checkbox"/> Delete
NAME	PADRON, RAFAEL M	
STREET ADDRESS	4290 SW 109 AVENUE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORALES, CARLOS	
STREET ADDRESS	6294 W. 15TH COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALACIOS, JOSE F	
STREET ADDRESS	3700 SW 58TH COURT	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAITIN, PEDRO A	
STREET ADDRESS	1575 W. 35TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	

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
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL M. PADRON 01/19/00 305-821-0104
SECRETARY/TREASURER Daytime Phone #

CR2E034 (9/99)