

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b> P95000088406	
<b>1. Entity Name</b>	
QUALITY PLUMBING CONTRACTORS INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2315 WEST 2ND AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.	
<b>City &amp; State</b> HIALEAH, FL		<b>City &amp; State</b> SAME	
<b>Zip</b> 33010	<b>Country</b> USA	<b>Zip</b> USA	<b>Country</b> USA

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0620905	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> ARMANDO BARBOSA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2315 WEST 2ND AVE	
<b>City</b> HIALEAH	<b>Zip Code</b> 33010

**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**

U00000304325  
04/14/05-80038-011 150.00

**DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD ARMANDO BARBOSA 2315 WEST 2ND AVE HIALEAH FL 33010
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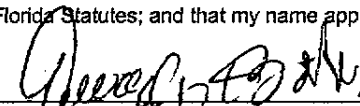
**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO BARBOSA

4/11/2005

Date

786-337-9090

Daytime Phone #