2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P96000047718 1. Entity Name DIANA PLUMBING, INC. 03-14-2000 90082 021 ***150.00 Principal Place of Business Mailing Address 8862 NW 112 ST. 8862 NW 112 ST. **U W U U U U** HIALEAH GARDENS FL 33018-4531 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite; Apt. #, etc. Suite, Apt. #, etc. pplied For City & State 4. FEI Number City & State 65-0670594 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENENDEZ, PEDRO Street Address (P.O. Box Number is Not Acceptable) 8862 NW 112 ST. HIALEAH FL 33018 Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable FILÉ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 034 (9/99 ☐ Change ☐ Addition TITLE ☐ Defete MENENDEZ, PEDRO NAME STREET ADDRESS STREET ADDRESS 8862 NW 112 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ce not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information churate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with th indicated on this report or supplemental report is to of the corporation or the receiver or trustee emporchanged, or on an attachment with an actions and the corporation of the corporation or the receiver or trustee emporchanged, or on an attachment with an action of the corporation of the corpora REQUAL SIGNATURE: Daytime Phone i OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AN