

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077069

1. Entity Name
PLUMBERS SERVICE, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90054 011 ***150.00

| | |
|---|--|
| Principal Place of Business 7003 NORTH WATERWAY DR. #223 FL 33155 | Mailing Address 7003 NORTH WATERWAY DR. #223 MIAMI FL 33155 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|--|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country |
|--|---------|--|---------|

4. FEI Number **65-0710216** 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

**CABRERA, REINALDO M
10016 S.W. 20TH STREET
MIAMI FL 33165**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CABRERA, REINALDO M | |
| STREET ADDRESS | 10016 S.W. 20TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PADRON, FLAVIO | |
| STREET ADDRESS | 2050 S.W. 64TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORIEGA, JOSE | |
| STREET ADDRESS | 2610 S.W. 90TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 |
| 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: Reinaldo Cabrera Date: 2-8-00 Daytime Phone #: 305-554-4072

CR2E034 (9/99)