

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90106 003 \*\*\*158.75

**DOCUMENT # P97000066396**

1. Entity Name  
**TASCO PLUMBING CORP.**



Principal Place of Business

**5715 NW 159 ST  
MIAMI FL 33014**

Mailing Address

**8902 N.W. 187TH STREET  
HIALEAH FL 33018**

2. Principal Place of Business

**5735 NW 159th Street**

3. Mailing Address

**8902 NW 187th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Lakes FL.**

City & State

**Hialeah FL.**

Zip

**33014**

Country

**US**

Zip

**33018**

Country

**US**

4. FEI Number

**65-0775125**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAJON, CARLOS ENRIQUE  
8902 N.W. 187TH STREET  
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

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. 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
PAJON, CARLOS ENRIQUE  
8902 S.W. 187TH STREET  
HIALEAH FL 33018** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
CRUZ, JAVIER  
5715 NW 159TH STREET  
MIAMI LAKES FL 33014** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-03**

Date

**305 688 7586**

Daytime Phone #

CR2E034 (10/02)