

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90063 038 \*\*\*150.00

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DOCUMENT # P97000089472

1. Corporation Name  
GLOBAL PLUMBING PARTS, INC.

Principal Place of Business  
2124 E ATLANTIC BLVD  
POMPANO BEACH FL 33061

Mailing Address  
P O BOX 1437  
POMPANO BEACH FL 33061-1437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

65-0787410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2124 E. ATLANTIC BLVD

Suite, Apt. #, etc.

22

City & State

23 POMPANO BEACH FLA

Zip

24 33062

Country

25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FOX, PATRICK  
2124 E ATLANTIC BLVD  
POMPANO BEACH FL 33061

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME FOX, PATRICK  
STREET ADDRESS 111 BRUNY AVENUE #1411  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ DELETE  
NAME FERNANDEZ, JAVIER ADAN RI  
STREET ADDRESS 2124 E. ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ DELETE  
NAME PORTILLO, MARIO GAYTAN  
STREET ADDRESS 2124 E. ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ DELETE  
NAME MORALES, VILMA ALICIA  
STREET ADDRESS 2124 E. ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE D ☐ DELETE  
NAME GTAELL, DR. EMILIO ARR  
STREET ADDRESS 2124 E. ATLANTIC BLVD  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)