

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089778

1. Entity Name

CARIBBEAN PLUMBING & ASSOCIATES, INC.

Principal Place of Business

8209 N PINE ISLAND RD
STE #166
TAMARAC FL 33321
US

Mailing Address

8209 N PINE ISLAND RD
STE #166
TAMARAC FL 33321
US

2. Principal Place of Business

1227 READING TERRACE

3. Mailing Address

Suite, Apt. #, etc.

WELLINGTON

City & State

FLA

Zip

33414

Country

Zip

Country

4. FEI Number

65-0787787

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, MICHAEL
8209 N PINE ISLAND RD
SUITE #166
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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

1227 READING TERRACE

City

WELLINGTON

FL

Zip Code

33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 NAME ☐ Delete
P
WEISS, MICHAEL
STREET ADDRESS 8209 N PINE ISLAND RD, STE #166
CITY-ST-ZIP TAMARAC FL 33321

TITLE NAME ☐ Delete
VP
WEISS, SHERRY
STREET ADDRESS 8209 N PINE ISLAND RD STE 166
CITY-ST-ZIP TAMARAC FL 33321

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1227 READING TERRACE
CITY-ST-ZIP WELLINGTON FLA 33414

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1227 READING TERRACE
CITY-ST-ZIP WELLINGTON FLA 33414

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WEISS

President

Date

4/8/01

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90024 043 ***150.00



DO NOT WRITE IN THIS SPACE

0264907

CR2E034 (10/00)