

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 042 ***150.00

DOCUMENT # **P970000 89778**

1. Entity Name

CARIBBEAN PLUMBING & ASSOCIATES INC

640009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite 22-286

City & State

WEST PALM BCH FLA

Zip

33414

Country

USA

3. Mailing Address

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite 22-286

City & State

WEST PALM BCH FLA

Zip

33414

Country

USA

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4. FEI Number

65-0787787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WEISS, MICHAEL

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

11924 FOREST HILL BLVD STE 22-286

City

WEST PALM BEACH 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) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
weiss, michael
11924 FOREST HILL BLVD STE 22-
WEST PALM BCH FL 33414 286**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
SHERRY WEISS
11924 FOREST HILL BLVD 22-286
WEST PALM BCH FL. 33414**

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

michael weiss

4/12/02

Date

Daytime Phone

CR030348 (12/01)