

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007858

1. Entity Name  
**GREEN PLUMBING CORP.**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90044 047 \*\*\*150.00

Principal Place of Business  
**9040 S.W. 157TH ST.  
MIAMI FL 33157**

Mailing Address  
**9040 S.W. 157TH ST.  
MIAMI FL 33157-1940**

2. Principal Place of Business  
**13603 SW 81 ST.**

3. Mailing Address  
**13603 SW 81 ST.**



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL.**

4. FEI Number  
**65-0814010**

Applied For  
☐ Not Applicable

Zip  
**33183**

Country  
**USA**

Zip  
**33183**

Country  
**USA**

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

**ALVAREZ, EGIDIO R  
9040 S.W. 157TH ST.  
MIAMI FL 33157**

Name  
**EGIDIO R. ALVAREZ**

Street Address (P.O. Box Number is Not Acceptable)  
**13603 SW. 81 ST.**

City  
**MIAMI FL** Zip Code  
**33183**

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 **EGIDIO R. ALVAREZ** **R. Alvarez** **04-27-00**  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESPINOSA, ROBERTO</b> <b>6491 S.W. 2ND ST.</b> <b>MIAMI FL 33144</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALVARES, EGIDIO R</b> <b>9040 S.W. 157TH ST.</b> <b>MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>EGIDIO R. ALVAREZ</b> <b>13603 SW. 81 ST.</b> <b>MIAMI FL. 33183</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARIA SALGIA</b> <b>13603 SW 81 ST.</b> <b>MIAMI FL. 33183</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **EGIDIO R. ALVAREZ** **R. Alvarez** **04-27-00** **305-3830666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)