2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007858

1. Entity Name
GREEN PLUMBING CORP.

FILED
May 01, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
13603 SW 81 ST	13603 SW 81 ST
MIAMI FL	MIAMI FL
33183 US	33183 US

2. Principal Place of Business 2110 SW. 122 AVE	3. Mailing Address 2110 SW. 122 AVE.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1	

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number **65-0814010**	Applied For / Not Applicable
Zip 33175	Country US	Zip 33175	Country US	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	Name ALVAREZ EGIDIO
13603 SW 81 ST	Street Address (P.O. Box Number is Not Acceptable) 2110 SW. 122 AVE
MIAMI FL	1
33183	City MIAMI FL Zip Code 33175

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 ALVAREZ**   **05/01/2001**

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D		☒ Delete	TITLE	☐ Change	☐ Addition
NAME GARCIA MARIA			NAME		
STREET ADDRESS 13603 SW 81 ST			STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33183			CITY-ST-ZIP		
TITLE P		☐ Delete	TITLE P	☒ Change	☐ Addition
NAME ALVARES EGIDIO R			NAME ALVAREZ EGIDIO R		
STREET ADDRESS 13603 SW 81 ST			STREET ADDRESS 2110 SW. 122 AVE. UNIT 1		
CITY-ST-ZIP MIAMI FL 33183			CITY-ST-ZIP MIAMI FL 33175		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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 Alvarez___   P   05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #