

**607 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90015 027 \*\*\*150.00

**DOCUMENT # P98000022975**

1. Entity Name

**W.R.C. PIPE INSTALLATION SERVICES, INC.**

Principal Place of Business

Mailing Address

822 WEST 79 PLACE  
 HIALEAH FL 33014

822 WEST 79 PLACE  
 HIALEAH FL 33018-8422

2. Principal Place of Business

9109 NW 190 Tr

3. Mailing Address

9109 NW 190 Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0819144

Applied For

Not Applicable

Zip

33015

Country

US

Zip

33015

Country

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEDEROS, WILLIAM S**  
**822 WEST 79 PLACE**  
**HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name **RAMEL Mederos**

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

**20131 NW 43rd COURT**

City

**MIAMI**

State

**FL**

Zip Code

**33085**

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]*

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**4/16/2000**

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

TITLE  Delete  
 NAME **DP MEDEROS, WILLIAM S**  
 STREET ADDRESS **822 WEST 79 PLACE**  
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME **V RAMEL Mederos**  
 STREET ADDRESS **20131 NW 43rd COURT**  
 CITY-ST-ZIP **MIAMI FL 33085**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 an officer like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/2000 (305)-829-3639**  
 Date Daytime Phone #

CR2E034 (9/99)