2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000052984 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name PROFESSIONAL GAS PLUMBING, INC. 04-10-2000 90076 001 ***150.00 Mailing Address Principal Place of Business 3970 -G N.W 132 ST 3970 G N.W 132 ST MIAMI FL 33054-4536 MIAMI FL 33054 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0855326 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASSERMAN, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN RD., SUITE 256 MIAMI BCH FL 32301 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition CR2E034 (9/99) ☐ Change PD TITI F TITLE Defete NAME RAVELO, CARLOS NAME STREET ADDRESS STREET ADDRESS 8341 PASADENA BLVD. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 Addition Canino, Noel 8341 Pasabena BLVD Delete □ Change ٧D TITLE Sec. NAME CANINO, NOEL NAME Sec STREET ADDRESS STREET ADDRESS 8341 PASADENA BLVD. PenbrokePine F1 33024 CITY-ST-ZIP CITY-ST-ZIE PEMBROKE PINES FL 33024 Change ___ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attach with all other like empowered.

Daytime Phone #