

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90196 032 ***163.75

DOCUMENT # P98000072036

1. Entity Name
PROFESSIONAL GAS PIPING, INC.

Principal Place of Business Mailing Address
51 N.W. 68TH ST. **51 N.W. 68TH ST.**
MIAMI FL 33150 **MIAMI FL 33150**

2. Principal Place of Business 3. Mailing Address
Same *51 NW 68 ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
MIAMI FL
 Zip
33150 Country

City & State
 Zip Country

4. FEI Number **65-0860980** Applied For
 Not Applicable

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

FOOTMAN, MARILYN
3624 S.W. 68TH LN
MIRAMAR FL 33023

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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]* 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	P	<input type="checkbox"/> Delete
NAME	HUGGINS, SELWYN	
STREET ADDRESS	51 N.W. 68TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOOTMAN, MARILYN	
STREET ADDRESS	51 N.W. 68TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUGGINS, ANTOINETTE	
STREET ADDRESS	51 N.W. 68TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *[Signature]* Date: *4-31-2001* Daytime Phone #

CR2E034 (10/00)