

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081066

1. Entity Name

BIG PLUMBING SUPPLIES & WHOLESALE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90109 007 ***150.00

Principal Place of Business Mailing Address
11890 NW 87TH COURT 11890 NW 87TH COURT
BAY 7 BAY 7
HIALEAH GARDENS FL 33018 HIALEAH GARDENS FL 33018-1984

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0864482 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATRAS, ABRAHAM
11890 NW 87TH COURT
BAY 7
HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent

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, 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

TITLE VPTD ☐ Delete
NAME LATRAS, ABRAHAM
STREET ADDRESS 11890 NW 87TH COURT
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE PSD ☐ Delete
NAME MORA, ANTHONY J
STREET ADDRESS 12262 SANDY RUN RD
CITY-ST-ZIP JUPITER FL 33478

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPTD ☒ Change ☐ Addition
NAME LATRAS, ABRAHAM
STREET ADDRESS 8753 NW 140 LN
CITY-ST-ZIP MIAMI FL 33018

TITLE PSD ☒ Change ☐ Addition
NAME MORA, ANTHONY J
STREET ADDRESS 19140 ROYAL BIRKDALE
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/00 (308) 821-2880

CR2E034 (9/99)