

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90139 018 ***150.00

DOCUMENT # P98000093567

1. Entity Name

ABC PLUMBING CONTRACTOR INC.

Principal Place of Business

**16234 S.W. 138TH COURT
 MIAMI FL 33177**

Mailing Address

**16234 S.W. 138TH COURT
 MIAMI FL 33177**

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI, FL

City & State

33186

Zip

Country

DADE

3. Mailing Address

Suite, Apt. #, etc.

MIAMI, FL

City & State

33186

Zip

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0875746**

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

**PALACIOS, JUAN C
 16234 S.W. 138TH COURT
 MIAMI FL 33177**

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

J. Palacios

01-10-01

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
 NAME **PALACIOS, CELIA I**
 STREET ADDRESS **16234 S.W. 138TH COURT**
 CITY-ST-ZIP **MIAMI FL 33177**

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

TITLE **VD** ☐ Delete
 NAME **AMBROS, DAGOBERTO**
 STREET ADDRESS **13371 S.W. 54 STREET**
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 NAME
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 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:

J. Palacios **DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01

Date

305-969-5656

Daytime Phone #

CR2E034 (10/00)