

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095742

1. Entity Name

I & C PLUMBING CORP.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90080 039 ***150.00

Principal Place of Business

Mailing Address

1271 W 33RD ST
HIALEAH FL 33012

1271 W 33RD ST
HIALEAH FL 33012-6229

2. Principal Place of Business

5998 West 14th Avenue

3. Mailing Address

5998 West 14th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL 33012

City & State

Hialeah, FL 33012

4. FEI Number

65-0876014

Applied For

Not Applicable

Zip

Country

Miami Dade

Zip

Country

Miami Dade

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

CRUZ, ISRAEL
1271 W 33RD ST
HIALEAH FL 33012

Name

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

5998 West 14th Avenue

City

Hialeah, Florida

FL

Zip Code
33012

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS CRUZ, ISRAEL
CITY-ST-ZIP 1271 W 33RD ST
HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME 5998 West 14th Avenue
STREET ADDRESS Hialeah, Florida 33012
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS COLLAZO, ANICETO
CITY-ST-ZIP 1271 W 33RD ST
HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME 5998 West 14th Avenue
STREET ADDRESS Hialeah, Florida 33012
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-2000 305-827-3009

CR2E034 19/99