

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046446

1. Entity Name

SPRINKLER WORKS, INC.

Principal Place of Business

760 N.W. 179TH TERRACE  
MIAMI FL 33169

Mailing Address

760 N.W. 179TH TERRACE  
MIAMI FL 33169-4736

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0925996

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALMER, SAMUEL E  
760 N.W. 179TH TERRACE  
MIAMI FL 33169

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 fee 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)

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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	D	<input type="checkbox"/> Delete
NAME	FALMER, SAMUEL E	
STREET ADDRESS	760 N.W. 179TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALMER, SAMUEL E JR.	
STREET ADDRESS	760 N.W. 179TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALMER, AVERY	
STREET ADDRESS	760 N.W. 179TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALMER, DORIS R	
STREET ADDRESS	760 N.W. 179TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL FALMER	
STREET ADDRESS	760 NW 179 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SECRETARY, MANAGING D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL FALMER JR	
STREET ADDRESS	760 NW 179 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FALMER, DORIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	760 NW 179 TERRACE	
STREET ADDRESS	MIAMI FL 33169	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONDAR FALMER	
STREET ADDRESS	760 NW 179 TERRACE	
CITY-ST-ZIP	MIAMI FL	
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: Samuel E. Falmer Samuel E. Falmer President 3-22-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-631-7432

CR2004 (9/99)