

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V04597**1. Entity Name  
**J & A PLUMBING INC.**

Principal Place of Business 15089 SW 173 TERR  MIAMI 33187 US	FL	Mailing Address 15089 SW 173 TERR  MIAMI 33187 US	FL
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2. Principal Place of Business 3481 14 AVE. N.E.	3. Mailing Address 3481 14 AVE. N.E.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34120	Country US	Zip 34120	Country US
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4. FEI Number <b>65-0302488</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****DIAZ EDELMIRO GIL**  
15089 SW 173 TERR  
  
MIAMI  
33187  
US

FL

**7. Name and Address of New Registered Agent**

Name <b>DIAZ EDELMIRO G</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3481 14 AVENUE N.E.</b>
City <b>NAPLES</b>
FL
Zip Code <b>34120</b>

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 **EDELMIRO GIL DIAZ****02/18/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DIAZ EDELMIRO GIL</b> <b>14157 S.W. 8TH TERRACE</b> MIAMI FL 33184	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DIAZ EDELMIRO GIL</b> <b>3481 14 AVE. N.E.</b> NAPLES FL 34120	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **EDELMIRO GIL DIAZ**

PRES 02/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)