

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000052463

Entity Name: 911 LEAK DOCTORS INC

Current Principal Place of Business:

12550 BISCAYNE BLVD.
STE. 203
NORTH MIAMI, FL 33181

Current Mailing Address:

12550 BISCAYNE BLVD.
STE. 203
NORTH MIAMI, FL 33181 US

FEI Number: 82-1867313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMATHIBELA, TIRO
1550 NE 123RD. ST.
APT. N404
NORTH MIAMI, FL 33161 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RAMATHIBELA, TIRO
Address 1550 NE 123RD. ST. APT. N404
City-State-Zip: NORTH MIAMI FL 33161

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIRO RAMATHIBELA

P

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date