160671

**DOCUMENT #** 

1. Entity Name	VE ROOFING, INC.	•			94-16-2002 9	90031 038 ***1:		
Principal Place of Business 8022 SW 89TH ST MIAMI FL 33141 US		Mailing Address 1365 STILLWAFER DR MIAMI BCH FL 33141						
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 8022 5.W. 89 T St Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4</b> FI	Applied For			
		MIAMI, F	MIAMI, FC.		59-2788227		lot Applicable	
Zip	Country	33156	Country USA		ertificate of Status Desired	S8.75 A		
	6. Name and Address of Current I	Registered Agent	Name	7N	ame and Address of New Reg	listered Agent		
PENA, ANGEL M 8022 SW 89TH ST MIAMI FL 33-1569			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City	<del></del>		FL Zip Co	de	
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office or reg	gistered age	ent, or both, in the State of Flori	da.		
SIGNATURE _	Argal PEN M Signature, typed or printed name of registered agent a	1	egistered Agent signature re	equired when rei	nstating)	4/3/02 DATE		
			FEE IS \$150.00 Fee will be \$550. to Department of		10. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees	
11. ,	OFFICERS AND	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PENA, ANGEL M. 8022 SW 89TH STREET MIAMI FL 33156	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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 approvered.

SIGNATURE: ×

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

×305-598-8686

Daytime Phone #