

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90068 010 ***150.00

DOCUMENT # P94000045392
 1. Entity Name
ROOF TECH SALES CORPORATION

Principal Place of Business 5190 NW 167 ST SUITE 221 D MIAMI FL 33014 US	Mailing Address 5190 NW 167 ST SUITE 221 D MIAMI FL 33014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>15741 TURNBERRY DR</i>	3. Mailing Address <i>15741 TURNBERRY DR</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI LAKES FL.</i>	City & State <i>MIAMI LAKES FL.</i>
Zip <i>33014</i>	Zip <i>33014</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 65-0499127	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LES GORY
 5190 NW 167 ST
 MIAMI FL 33014

7. Name and Address of New Registered Agent
 Name *LES GORY*
 Street Address (P.O. Box Number is Not Acceptable) *15741 TURNBERRY DR.*
 City *MIAMI LAKES* FL Zip Code *33014*

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 *LES GORY* *Les Gory* *Jan 15, 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PS STURDY, DAVID I 10031 PINES BLVD., SUITE 211 PEMBROKE PINES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GORY, LESLIE 15741 TURNBERRY DRIVE MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: *Leslie Gory* *VPT* *02/27/01* *305 825-6769*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)