

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90273 017 ***150.00

0006819 AT

DOCUMENT # P01000111568

1. Entity Name
A.G.T. ROOFING, INC.

Principal Place of Business

1152 SW 10 STREET #2
 MIAMI FL 33130

Mailing Address

1152 SW 10 STREET #2
 MIAMI FL 33130

2. Principal Place of Business

1152 SW 10 ST #2

3. Mailing Address

1152 SW 10 ST

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

MIAMI

City & State

Florida

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

65-1155201

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUZMAN & ASSOCIATES, INC.
C/O JOSEPHINE GUZMAN CLA
1800 SW 1 STREET #208
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name **GUZMAN & ASSOCIATES, INC.**
 Street Address **C/O JOSEPHINE GUZMAN CLA**
1800 SW 1 ST #209B
 City **MIAMI** FL Zip Code **33135**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/02

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SOUTO, RICARDO G	
STREET ADDRESS	1152 SW 10 STREET #2	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	QUINTANA, ALBERTO FELIX	
STREET ADDRESS	1260 SW 6TH STREET #302	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MELO, VICTOR HUGO	
STREET ADDRESS	2539 SW 11 STREET #B	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	GUZMAN, JOSEPHINE	
STREET ADDRESS	1800 SW 1 STREET #208	
CITY-ST-ZIP	MIAMI FL 33135	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/02 (305) 644-8822

CR2E034 (9/01)