## FILED May 05, 2003 8:00 am Secretary of State

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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000111568

1. Entity Name

A.G.T. ROOFING, INC.



Principal Place of Business Mailing Address 1152 SW 10 STREET #2 1152 SW 10 STREET #2 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place.of.Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4: FEI Number City & State City & State 65-1155201 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUZMAN & ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) -C/O-JOSEPHINE:GUZMAN:CLA 1800 SW 1 STREET #209B - MIAMI FL 33135 --- -Zip Code -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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 16. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ₹0 Addition TITLE PD TITI F ☐ Change Delete ,०/ए०८ MICARDO G SOUTO, RICARDO G NAME NAME lisz i 1152 SW 10 STREET #2 STREET ADDRESS STREET ADDRESS Sau lo 23130 CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP MINN FL ☐ Change ⊂ Addition TITLE Delete TITLE NAME QUINTANA, ALBERTO FELIX NAME STREET ADDRESS STREET ADDRESS 1260 SW 6TH STREET #302 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 - DILL CTA ☐ Change Addition TITLE Delete TITLE JICTOB HUGO NAME NAME STREET ADDRESS STREET ADDRESS 2040 NW CITY-ST-ZIP CITY-ST-ZIP HIDMI Addition ☐ Delete TITLE treasurer ☐ Change TITLE Rosawa PATRICA NAME NAME 1152 SW 10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDTI TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNAMANDE SIGNADORED SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #