

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 246949

1. Entity Name

QUALITY ROOF TRUSS COMPANY

Principal Place of Business

700 NW 107 AVE  
MIAMI FL 33172

Mailing Address

700 NW 107 AVE  
MIAMI FL 33172-3161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.  
700 N.W.107TH AVE.,4TH FL.  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	<input type="checkbox"/> Delete
	VS			
	MCCAIN, DAVID B	700 NW 107 AVE	MIAMI FL 33172	
	PD			
	MILLER, STUART A	700 NW 107 AVE	MIAMI FL 33172	
	CD			
	MILLER, LEONARD	700 NW 107 AVE	MIAMI, FL 00000 33172	
	VD			
	PEKOR, ALLAN J	700 NW 107 AVE	MIAMI, FL 00000 33172	
	T			
	MALCOLM, WAYNEWRIGHT	700 NW 107 AVE	MIAMI, FL 00000 33172	
	AS			
	SIERRA, E. KATHLEEN	700 NW 107 AVE	MIAMI FL 33172	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. MCCAIN  
VICE PRESIDENT

Date

Daytime Phone #

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90160 043 \*\*\*150.00

80009658



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0933031** ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

CR2E034 (9/99)