

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595088

1. Entity Name

TROPICAL ROOFING OF MIAMI INC



FILED

03 NOV -6 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

995 SW 69 AVE

Suite, Apt. #, etc.

MIAMI FLA

City & State

3. Mailing Address

995 SW 69 AVE

Suite, Apt. #, etc.

P.O. Box 440854

City & State

MIAMI FLA

Zip

33144

Country

U.S.A.

Zip

33144

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1863869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE FUENTES

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

995 SW 69 AVE

MIAMI FLA

City

FL

33144

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

JOSE FUENTES PRESIDENT

11-4-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

JOSE FUENTES

STREET ADDRESS

2140 SW 65 AVE

MIAMI FLA 33155

TITLE

SECRETARY ST/V.P.

JOILA FUENTES

STREET ADDRESS

2140 SW 65 AVE

MIAMI FLA 33155

TITLE

VICE PRESIDENT V.P.

EFRAIN BARAHONA

STREET ADDRESS

6550 SW 12 ST APT # 6

MIAMI FLA 33144

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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11/06/03--01071--001 \*\*\$1.25

200024491612

11/06/03--01071--001 \*\*\$1.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE FUENTES PRESIDENT

11-4-03

305 266-7665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)