

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90174 042 ***150.00

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DOCUMENT # 656444

1. Entity Name
ABCO ROOFING AND RESURFACING CO.



Principal Place of Business
**11225 S.W. 50TH TERRACE
MIAMI FL 33165**

Mailing Address
**11225 S.W. 50TH TERRACE
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

P.O. Box 832137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FLA

4. FEI Number
59-1968416

Applied For
Not Applicable

Zip

Country

Zip

Country

33283-2137 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALLESTAS, GUSTAVO
11225 S.W. 50TH TERRACE
MIAMI FL 33165**

Name
COMPLETE CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
915 MIDDLE RIVER DR. #410
City **FT. LAUDERDALE** FL Zip Code **33304**

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)

Date

Gustavo Ballestas, Pres. Achilles Ballestas 4/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BALLESTAS, GUSTAVO
11225 S W 50TH TERR
MIAMI, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BALLESTAS, GUSTAVO
7730 SW 68TH
MIAMI, FL 33143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOT RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2003

Date

Daytime Phone #

CR2E034 (10/02)