## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # J20893** 

1. Entity Name

LATITE ROOFING AND SHEET METAL COMPANY, INC.

Principal Place of Business

Mailing Address

C/O BERNARD T. MOYLE 900 NW 50 CT. P

C/O BERNARD T. MOYLE ONE FINANCIAL PLAZA. STE 1600 FT. LAUDERDALE FL 33394-0003

FT. LAUDERDALE FL 33309.

2. Principal Place of Business

2280 W. COPANS Ri Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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City & State	. /	City & State	·····	4. FEI Number 59-2684819		Applied For			
POMPANO F	sch. FL			39 200 40 19	Not Applicable				
33069	Country 136 Å	Zip	Country	5. Certificate of Status Desired		<b>8.75</b> Additional ee Required			
	ne and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent					
			Name						
MOYLE, BERN ONE FINANCI		Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
STE 1600 FT. LAUDERDALE FL 33394-1697									
1 I. DAUDEND	ALE TE GOODT TOO	City		FL	Zip Code				
Harris III	ntity submits this statement for t こうようだった。 ・今のでしょうと	he purpose of changing i	ts registered office or reg	istered agent, or both, in the State of Floric	la.				
SIGNATURE Signature, typed or printed name of registered ag		ant and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE							
Tax filing requiremen	ligible to satisfy its Intangible trand elects to do so.	/!!! FEE IS \$150.00 000 Fee will be \$550.	10. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees				

(See criter	ria on back)	and the second s	Make Check Payal	ole to Departmen	t of State	mast rand continuation.	- 7000	0 10 1 00	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
ITLE	VD		☐ Delete	TITLE			Change	Ac	
IAME	PIKE, ROB	BT		NAME	l	_	-		
TREET ADDRESS *	999 NW 5	2_CT		STREET ADDRESS	2280	W. COPANS ROAD			
CITY-ST-ZIP	FT LAUDE	<del>RDALE F</del> L		CITY-ST-ZIP	Pompa	NO BEACH, FL 3:	3069		
ITLE	٧		☐ Delete	TITLE	•		Change	□ Ac	
IAME	FRIEDMAN	i, Brian		NAME					
TREET ANNRESS	000 N.W.	ES COURT		STREET ADDRESS	2280	W. COPANS ROAD			

STREET ADDRESS 999 N.W. 53 COLIRT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE-FL STD TITLE ☐ Delete TITLE STRUVE, JULIA 909 NW 53RD CT .-STREET ADDRESS

FT: LAUDERDALE FL

SCHULTE, CHRIS

999 NW 53RD-CT.

STRUVE, STEVE

PD

909 N.W. 53RD-COURT

FT. LAUDERDALE FL-

STRUVE, DAVID C

909 N.W. 53 COURT

FT. LAUDERDALE FL

FT. LAUDERDALE FL: 39309

NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITI F MARKE STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

STREET ADDRESS CITY-ST-7/P ☐ Delete TITLE

Ponlago BURCH, FZ 33069

2280 W. Colams ROAD

2280 W. Colans ROAD Pompano Boacy FZ 33069 Change

2280 W. Colaws Foad POWPANO BEACH , & 33069

2280 W. Colous ROAD

Pomenco BEACH h 33069

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 trusted 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

TITLE

NAME

TITLE

NAME

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

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