

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J21480

1. Entity Name

ENTEGRA ROOF TILE CORPORATION - POMPANO

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90178 026 ***158.75

Principal Place of Business

819 S. FEDERAL HWY.
SUITE 201
STUART FL 34994

Mailing Address

819 S. FEDERAL HWY.
SUITE 201
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2689460

Applied For

Not Applicable

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

GUNTER, CECIL
819 S. FEDERAL HWY. - SUITE 201
STUART FL 34994

Name

Rosemarie Zummo

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

819 S. Federal Highway, Suite 103

City

Stuart

FL

Zip Code

34994

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 Rosemarie Zummo

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DESIDERIO, GEORGE
CITY-ST-ZIP 819 FEDERAL HWY. STE. 201
STUART FL 34994

TITLE ☒ Change ☐ Addition
NAME STD
STREET ADDRESS George Desiderio
CITY-ST-ZIP 819 S. Federal Highway, Suite 103
Stuart, Florida 34994

TITLE ☐ Delete
NAME DP
STREET ADDRESS LLOCA, JUAN
CITY-ST-ZIP 819 S. FEDERAL HWY. STE. 201
STUART FL 34994

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

TITLE ☒ Delete
NAME S
STREET ADDRESS JACKSON, KATHY
CITY-ST-ZIP 819 FEDERAL HWY. STE. 201
STUART FL 34994

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

TITLE ☒ Delete
NAME T
STREET ADDRESS REYES, KATHY
CITY-ST-ZIP 819 FEDERAL HWY. STE. 201
STUART FL 34994

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Juan Llorca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01 (561) 223-0005

CR2E034 (10/00)