

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54635

1. Entity Name

UNIROOF CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90234 023 ***158.75

Principal Place of Business

Mailing Address

801 W. HWY 436
PO BOX 160133
ALTAMONTE SPGS FL 32714

801 W. HWY 436
PO BOX 160133
ALTAMONTE SPGS FL 32714-3054

2. Principal Place of Business

801 W. HWY 436

3. Mailing Address

P.O. Box 160003

Suite, Apt. #, etc.

SUITE 2039

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

City & State

ALTAMONTE SPRINGS

4. FEI Number

59-2920589

Applied For

Not Applicable

Zip

32714

Country

U.S.A.

Zip

32716

Country

U.S.A.

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

WARD, CRAIG B.
105 E ROBINSON ST
SUITE 501
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS JABER, KAMAL T
CITY-ST-ZIP PO BOX 1053
SHARJAH UA

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

TITLE ☐ Delete
NAME PS
STREET ADDRESS KONSTAN, DAVID
CITY-ST-ZIP 801 W HWY 436 STE 2039
ALTAMONTE SPGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

David Konstan
DAVID KONSTAN
PRESIDENT

4/10/00

407-869-5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)