

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90035 046 \*\*\*150.00

**DOCUMENT # K81895**

1. Entity Name  
**BISCAYNE ROOFING OF MIAMI, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>1070 E. 52ND ST.<br>HIALEAH FL 33013 | Mailing Address<br>1070 E. 52ND ST.<br>HIALEAH FL 33013-1753 |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0019920</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |                 |  |
|---|--|--|--|--|--|-----------------|--|
| 6. Name and Address of Current Registered Agent               |  |  |  | 7. Name and Address of New Registered Agent        |  |                 |  |
| LAING, RONALD A<br>3301 SW 137TH AVE<br># 25<br>MIRAMAR 33027 |  |  |  | Name: <b>RONALD A. LAING</b>                       |  |                 |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |                 |  |
|   |  |  |  | <b>1070 E. 52 ST</b>                               |  |                 |  |
|   |  |  |  | City <b>HIALEAH</b>                                |  | State <b>FL</b> |  |

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: *Ronald A. Laing, Pres* **RONALD A. LAING, Pres** DATE: **4/6/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

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                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LAING, RONALD A.</b>                  | NAME  | <b>RONALD A. LAING</b>  |
| STREET ADDRESS             | <b>12400 SW 33RD ST.</b>                 | STREET ADDRESS  | <b>1070 E. 52 ST.</b>   |
| CITY-ST-ZIP                | <b>MIRAMAR FL</b>                        | CITY-ST-ZIP   | <b>HIALEAH, FL 33013</b>  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | NAME  | <b>STEVEN SEGGARA</b>   |
| STREET ADDRESS             |  | STREET ADDRESS  | <b>116 NW 24 ST APT. 7</b>  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   | <b>MIAMI, FL 33127</b>  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | NAME  | <b>SERIFAD MILLAN</b>   |
| STREET ADDRESS             |  | STREET ADDRESS  | <b>3530 NW 170 ST</b>   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   | <b>MIAMI, FL 33054</b>  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | NAME  | <b>THOMAS RHOME</b>   |
| STREET ADDRESS             |  | STREET ADDRESS  | <b>20026 NW 32 PL</b>   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   | <b>MIAMI, FL 33054</b>  |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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: *Ronald A. Laing* **RONALD A. LAING** DATE: **4/6/00** (305) 688-4668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR