

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K90505**

1. Entity Name

A-1 JOSE JOSE ROOFING CORP.

Principal Place of Business

**4501 SW 113TH AVE.
MIAMI FL 33165
US**

Mailing Address

**4501 SW 113TH AVE.
MIAMI FL 33165
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NARANJO, JOSE M.
4501 SW 113TH AVE.
MIAMI FL 33165**

7. Name and Address of New Registered Agent

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	NARANJO, JOSE MAGDALENO	4501 SW 113TH AVE.	MIAMI FL	<input type="checkbox"/>
D	NARANJO, JOSE MAGDALENO	4501 SW 113TH AVE.	MIAMI FL	<input type="checkbox"/>
D	ELMER, RAMIRZEZ	4501 SW 113 AVENUE	MIAMI FL 33165	<input type="checkbox"/>
D	RAMIAEZ, JOSE F	4501 SW 113 AVE	MIAMI FL 33165	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE MAGDALENO PST 4/30/01 (305) 970-0000

Date

Daytime Phone #

**FILED
May 17, 2001 8:00 am
Secretary of State**

05-17-2001 91331 034 ***150.00

00053667

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)