2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # L18636** 1. Entity Name A B MARTIN ROOFING, INC. 03-08-2001 90013 007 ***150.00 Principal Place of Business Mailing Address C/O A.B. MARTIN C/O A.B. MARTIN 401991 3680 NW 135TH STREET 3680 NW 135TH STREET MIAMI FL 33054 MIAMI FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0153289 Not Applicable Zip Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, A.B. Street Address (P.O. Box Number is Not Acceptable) **3680 NW 135TH STREET MIAMI FL 33054** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME MARTIN, A.B. STREET ADDRESS STREET ADDRESS 3680 NW 135TH ST. CITY-ST-ZIP CITY-ST-ZIP <u>Miami Fl</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME COFIELD, LOUISE STREET ADDRESS STREET ADDRESS 3680 NW 135TH ST CITY-ST-7IP CITY-ST-ZIP OPA LOCKA FL ___ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ← Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

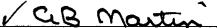
SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



A. B. MARTIN PRES.

305-836-2851

☐ Change

☐ Addition

Daytime Phone #