

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42084

1. Entity Name

S.E. FLA. ADVANCED ROOFING CORP.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90209 046 ***158.75

021235

Principal Place of Business	Mailing Address
18800 NW 2ND AVE SUITE 113 MIAMI FL 33169 US	18800 NW 2ND AVE SUITE 113 MIAMI FL 33169 US

2. Principal Place of Business	3. Mailing Address
SAME	17426 N.W. 7 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	N/A

City & State	City & State
	PEMAROKE PINES FL.
Zip	Country
33029	BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2749703	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULLETON, JAMES 18800 NW 2ND AVE SUITE 113 MIAMI FL 33169	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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: James Culleton (PRES)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01
Date

305
216-7259
Daytime Phone #

JAMES CULLETON

CR2E034 (10/00)