

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32178

1. Entity Name

SOUTH FLORIDA ROOFING AND SHEET METAL CONTRACTOR

Principal Place of Business

15601 SW 170 AVE.
MIAMI FL 33187

Mailing Address

15601 SW 170 AVE.
MIAMI FL 33187-1315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0114163

Applied For

Not Applicable

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

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, EDDIE	
STREET ADDRESS	347 EAST 4TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARCIA	
STREET ADDRESS	1509 W 34TH PL	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MENDEZ, FERNANDO JR.	
STREET ADDRESS	10370 NW 135 ST.	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, ANTHONY	
STREET ADDRESS	7450 CHAMPANFIELD DR.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAULT, DIANE	
STREET ADDRESS	6370 S.W. 92 ST	
CITY-ST-ZIP	MIAMI F 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEW, ROBERT W	
STREET ADDRESS	9796 NW 14ST	
CITY-ST-ZIP	CORAL SPRINGS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDIE Thompson	
STREET ADDRESS	347 EAST 4ST	
CITY-ST-ZIP	Hialeah, FLA	
TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Fall	
STREET ADDRESS	3440 NW 25Ave	
CITY-ST-ZIP	Diamond Beach, FL 33069	
TITLE	Schy, Trs., Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK Zehnal	
STREET ADDRESS	10460 SW 187ter	
CITY-ST-ZIP	Miami, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert W. Dew	
STREET ADDRESS	9796 NW 14ST	
CITY-ST-ZIP	Coral Springs FLA	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90135 019 ****61.25



DO NOT WRITE IN THIS SPACE

1/31/00 305-233-9542