

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90486 018 ****70.00

0085372

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

728133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0114163

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **D THOMPSON, EDDIE**
 STREET ADDRESS **347 EAST 4 ST**
 CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☒ Addition
 NAME **PD Eugene Fall**
 STREET ADDRESS **3440 NW 25 AVE**
 CITY-ST-ZIP **Pompano Beach FL.**

TITLE ☒ Delete
 NAME **VPD PD FALL, EUGENE**
 STREET ADDRESS **3440 NW 25 AVE**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☒ Addition
 NAME **VPD MARK Zehmal**
 STREET ADDRESS **10460 SW 187 TRCR**
 CITY-ST-ZIP **Miami - Florida 33157**

TITLE ☒ Delete
 NAME **PD MENDEZ, FERNANDO JR.**
 STREET ADDRESS **10370 NW 135 ST.**
 CITY-ST-ZIP **HIALEAH GARDENS FL**

TITLE ☐ Change ☒ Addition
 NAME **TD Karen Rodman**
 STREET ADDRESS **10421 NW 28 St D103**
 CITY-ST-ZIP **miami Florida**

TITLE ☒ Delete
 NAME **D WILSON, ANTHONY**
 STREET ADDRESS **7450 CHAMPANFIELD DR.**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☒ Addition
 NAME **D Andrea Ramos**
 STREET ADDRESS **6100 NW 74 AVE**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☒ Delete
 NAME **D GAULT, DIANE**
 STREET ADDRESS **6370 S.W. 92 ST**
 CITY-ST-ZIP **MIAMI F 33156**

TITLE ☐ Change ☒ Addition
 NAME **D Rob Foote**
 STREET ADDRESS **1314 E. Atlantic Blvd.**
 CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE ☒ Delete
 NAME **PD DEW, ROBERT W**
 STREET ADDRESS **9796 NW 14ST**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☒ Addition
 NAME **D Eddie Thompson**
 STREET ADDRESS **675 Ali Baba Ave**
 CITY-ST-ZIP **Opalocka FL 33034**

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 information.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

Daytime Phone #

CR2E037 (10/00)