

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90146 042 \*\*\*\*61.25

**DOCUMENT # N32178**

1. Entity Name

**SOUTH FLORIDA ROOFING AND SHEET METAL CONTRACTOR  
 S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**10421 NW 28 ST  
 D-103  
 MIAMI FL 33178**

**PO BOX 557546  
 MIAMI FL 33255**

2. Principal Place of Business

**3440 NW 25th Avenue**

3. Mailing Address

**3440 NW 25th Avenue**

Suite, Apt. #, etc.

**Pompano Beach, Florida**

Suite, Apt. #, etc.

**Pompano Beach, Florida**

City & State

**33069**

City & State

**33069**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **FALL, EUGENE**  
 STREET ADDRESS **3440 NW 25 AVE**  
 CITY-ST-ZIP **POMPAO BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
 NAME **ZEHNAL, MARK**  
 STREET ADDRESS **10460 SW 197 TERR**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☒ Delete  
 NAME **RODMAN, KAREN**  
 STREET ADDRESS **10421 NW 28 ST DT03**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **RAMOS, ANDREA**  
 STREET ADDRESS **6100 NW 74 AVE**  
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **FOOTE, ROB**  
 STREET ADDRESS **1314 E ATLANTIC BLVD**  
 CITY-ST-ZIP **POMPAO BEACH FL 33060**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **THOMPSON, EDDIE**  
 STREET ADDRESS **675 ALI BABA AVE**  
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 who empowered.

SIGNATURE:

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

**O. Fall, Pres.**

**2/1/02**

**954-781-7663**

Date

Daytime Phone #

CR2E037 (9/01)