

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90071 015 ***150.00

DOCUMENT # P00000078774

1. Entity Name

GOVAL ROOFING, INC.

Principal Place of Business

**2000 NW 33 STREET BAY 2
POMPANO BEACH FL 33064**

Mailing Address

**2000 NW 33 STREET BAY 2
POMPANO BEACH FL 33064**

2. Principal Place of Business

551 S. Congress Ave.

3. Mailing Address

551 S. Congress Ave.

Suite, Apt. #, etc.

B-8

Suite, Apt. #, etc.

B-8

City & State

Delray Bch - FL

City & State

Delray Bch - FL

Zip

33445

Country

USA

Zip

33445

Country

USA

6. Name and Address of Current Registered Agent

**AQUILINO, JULIANA
3961 N FEDERAL HWY
POMPANO BEACH FL 33064**

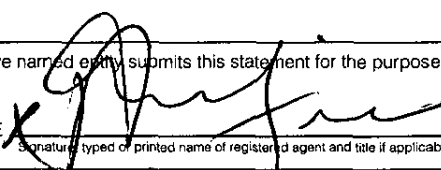
7. Name and Address of New Registered Agent

Name **DOMINGOS S. FILHO**

Street Address (P.O. Box Number is Not Permitted) **D.S.F. 551 S. CONGRESS AVE Ste # B-8**

City **Delray Beach FL** Zip Code **33445**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **1/11/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **FILHO, DOMINGOS S**
STREET ADDRESS **2000 NW 33 STREET BAY 2**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VSD** ☒ Delete
NAME **NAVARRO, DAVID J**
STREET ADDRESS **2000 NW 33 STREET BAY 2**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 (561) 239-9032

CR2E034 (10/00)

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