

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114907

1. Entity Name

RML ROOFING, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90148 006 ***150.00

Principal Place of Business

Mailing Address

901 S.W. 71ST AVENUE, #C
MIAMI FL 33144

901 S.W. 71ST AVENUE, #C
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1063660

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

~~KHAN, MICHAEL A~~
~~12190 N.W. 7TH AVENUE~~
~~MIAMI FL 33168~~

RAYMOND M LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

901 SW 71 AVE #C

City MIAMI FL

Zip Code 33144

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 *Raymond Lopez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LOPEZ, RAYMOND M
CITY-ST-ZIP 901 S.W. 71ST AVENUE, #C
MIAMI FL 33144

TITLE ☐ Change ☒ Addition
NAME PRES - SECT - TRS
STREET ADDRESS RAYMOND M. LOPEZ
CITY-ST-ZIP 901 SW 71 AVE #C MIAMI FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Raymond Lopez
RAYMOND M. LOPEZ

Date

Daytime Phone #

4/25/01 305-266-6349

CR2E034 (10/00)