

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90036 017 ***150.00

DOCUMENT # P01000023923

1. Entity Name
ROOFING TEAM INC.

Principal Place of Business

510 MAY FLOWER RD.
W. PALM BCH FL 33405

Mailing Address

510 MAY FLOWER RD.
W. PALM BCH FL 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 Mayflower Rd. WPB, FL 33405

Suite, Apt. #, etc.

3. Mailing Address

510 Mayflower Rd. WPB, FL 33405

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

City & State

West Palm Beach, FL. 33405

4. FEI Number

65-1090428

Applied For

Not Applicable

Zip

33405

Country

USA

Zip

33405

Country

USA

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

MONDRAGON, EDUARDO
510 MAY FLOWER RD.
W. PALM BCH FL 33405

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

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, 2002 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
D
MONDRAGON, EDUARDO
510 MAY FLOWER RD.
W. PALM BCH FL 33405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, which is not like empowered.

SIGNATURE:

SIGNATURE OF EDOUARDO MONDRAGON

(561)582-7248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)