

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90135 013 ***150.00

DOCUMENT # P01000023923

1. Entity Name
ROOFING TEAM INC.



Principal Place of Business
510 MAYFLOWER RD.
WEST PALM BEACH FL 33405

Mailing Address
510 MAYFLOWER RD.
WEST PALM BEACH FL 33405

2. Principal Place of Business

2871 Hypoluxo Rd.

3. Mailing Address

2871 Hypoluxo Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lantana, Fl.

City & State
Lantana, Fl.

4. FEI Number **65-1090428**

Applied For
Not Applicable

Zip
33462

Country

Zip
33462

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONDRAGON, EDUARDO
510 MAYFLOWER RD.
WEST PALM BEACH FL 33405

Name **Mondragon, Eduardo**

Street Address (P.O. Box Number is Not Acceptable)
2871 Hypoluxo Rd.

Lantana

City

FL

Zip Code
33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **MONDRAGON, EDUARDO**
STREET ADDRESS **510 MAY FLOWER RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 or assignee or executor of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address for all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03

CR2E034 (10/02)