

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN 24 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# *P01000033701*

1. Entity Name

Vilchiz Roofing, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

221 NW 46 CT

3. Mailing Address

Suite, Apt. #, etc.

300010668903

01/23/03--01039--004 **150.00

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

4. FEI Number

65-1090440

Applied For

Not Applicable

Zip

33064

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Miguel Vilchiz

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

221 NW 46 CT

City

Pompano Beach FL

Zip Code

33064

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

Miguel Vilchiz

(NOTE: Registered Agent signature required when reinstating)

1/20/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY- ST- ZIP

*P. Vilchiz MIGUEL
221 NW 46 CT
Pompano Beach FL 33064*

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Miguel Vilchiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

(850) 803-9763

Date

Daytime Phone #

CR2E034B (12/02)

8/1/27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Velchiz Roofing, Inc.

2. Principal Office Address

221 NW 46 CT

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/01

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIGUEL VELCHIZ

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

221 NW 46 CT

Suite, Apt. #, Etc.

City

Pompano Beach FL 33064

State
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P.</i>	<i>MIGUEL VELCHIZ</i>	<i>221 NW 46 CT</i>	<i>Pompano Beach FL 33064</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *X Miguel Velchiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/03

(954) 803-9763

Daytime Phone #

CR2E081 (10/02)

2/1/21

Dear Sir/Madam:

My name is Miguel Velez owner of
Velez Roofing Inc with Fed ID #
65-109 0440. The reason of writing is
to inform that my corporation has
been dissolved according to my
Insurance company.

I was never told or received any
forms to file with your organization
in order to update every year.

Please accept my apologies, I'm sending
100 dollars for each year 2002 - 2003.

Sincerely,

Miguel Velez

If you need to call me please feel
free to do so (954) 803-9763