FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000037056

1. Entity Name

METRO DADE FIRE RESTORATION, INC

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 AM 8:01

REINSTATEMENT 02

10/29/02 01012

DO NOT WRITE IN THIS SPACE

758-5

2. Principal Place of Business
13980 SW 139TH Court
Suite, Apt. #, etc.

3. Mailing Address
13980 SW 139TH Court
Suite, Apt. #, etc.

City & State: MIAMI, FL.
Zip: 33186   Country: USA

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Zip: 33186   Country: USA

4. FEI Number 68 1090715   Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: RELIADER HEREDIA

Street Address (P.O. Box Number is Not Acceptable)
16161 SW 43RD TERRACE

City: MIAMI   FL   Zip Code: 33185

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: RELIADER HEREDIA PRESIDENT   12/27/02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PRESIDENT NAME: RELIADER HEREDIA STREET ADDRESS: 13980 S.W. 139 COURT CITY-ST-ZIP: MIAMI, FL. 33186		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: RELIADER HEREDIA Pres.   12/27/02 (305)724-8826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/01)

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