## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000091598

1. Entity Name

A-1 PRESTO ROOFING CORPORATION

Principal Place of Business

14515 SW 56 TERRACE MIAMI FL 33183

Mailing Address

14515 SW 56 TERRACE

MIAMI FL 33183

May 06, 2002 8:00 am § Secretary of State

**FILED** 

05-06-2002 90119 034 \*\*\*150.00

2. Principal Place of Business
1010 ALL DASA 3. Mailing Address 1010 ALI BABA AU. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OPA LockA, FL. Applied For OPA LOCKA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZUNINO, NORMA ZUNINO, NORMA Street Address (P.O. Box Number is Not Acceptable) 14515 SW 56 TERRACE **MIAMI FL 33183** 1010 ALIBABA AU. OPA COCKA 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition ZUNINO, NORMA NAME 14515 SW 56 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ZUNINO, NORMA NAME NAME 14515 SW 56 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date