2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000091598

1. Entity Name
A-1 PRESTO ROOFING CORPORATION

FILED
02 JUL 16 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14515 SW 56 TERRACE MIAMI FL 33183	14515 SW 56 TERRACE MIAMI FL 33183

	2. Principal Place of Business	3. Mailing Address
	1010 ALI BABA AV.	1010 ALI BABA AV.
Suite, Apt. #, etc.		
City & State	OPA LOCKA, FL.	OPA LOCKA, FL.
Zip	33054	33054
Country		

4. FEI Number 65-1141447 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZUNINO, NORMA
14515 SW 56 TERRACE
MIAMI FL 33183

7. Name and Address of New Registered Agent
Name: ZUNINO, NORMA
Street Address (P.O. Box Number is Not Acceptable): 1010 ALI BABA AV.
City: OPA LOCKA FL Zip Code 33054

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ZUNINO, NORMA 14515 SW 56 TERRACE MIAMI FL 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director of Acc. Payable / Receivable Sarahi Torres 8232 NW 198 Street Miami, FL 33016 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZUNINO, NORMA 14515 SW 56 TERRACE MIAMI FL 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600006469476--7 -07/17/02--01052--020 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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, with all other like empowered.

SIGNATURE: [signature] 6/5/02 305 685-5102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E031 (8/01)