

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91176 036 ***150.00

027909 AV

DOCUMENT # P01000093087

1. Entity Name
CARLOS DUQUE ROOFING, CORP.



Principal Place of Business
**9545 SW 47TH ST
MIAMI FL 33165**

Mailing Address
**9545 SW 47TH ST
MIAMI FL 33165**



2. Principal Place of Business

1540 SW 120 Terr

Suite, Apt. #, etc.

3. Mailing Address

1540 SW 120 Terr

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Davie FL

City & State

Davie FL

4. FEI Number **65-1142280**

Applied For

Not Applicable

Zip
33325

Country
U.S.A

Zip
33325

Country
U.S.A

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

6. Name and Address of Current Registered Agent

**DUQUE, CARLOS B
9545 SW 47TH ST
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **PD** ☐ Delete
NAME **DUQUE, CARLOS B**
STREET ADDRESS **9545 SW 47TH ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **SD** ☐ Delete
NAME **DUQUE, LUZ D**
STREET ADDRESS **9545 SW 47TH ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered to execute 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, with all other like empowered.

SIGNATURE:

CARLOS B. DUQUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 305 446 8771

Date

Daytime Phone #

CR2E034 (10/02)