

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90383 040 ***150.00

0004965 AT

DOCUMENT # P01000112705

1. Entity Name

D A C ROOFING SYSTEM, CORP.

Principal Place of Business

**661 EAST 9TH STREET
HIALEAH FL 33010**

Mailing Address

**661 EAST 9TH STREET
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1155504

Applied For

Not Applicable

5. Certificate of Status Desired, ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CERVANTES, CHRISTOPHER D
661 EAST 9TH STREET
HIALEAH FL 33010**

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.

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

TITLE **PD** ☐ Delete
NAME **CERVANTES, CHRISTOPHER D**
STREET ADDRESS **661 EAST 9TH STREET**
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02
Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Document #
PO1000112705
117960

5/24/02

Carmen Cervantes
Christopher Cervantes
661 E. 9th
Hialeah, Fla. 33010

Division of Corporations
Tallahassee, Fla.

Gentlemen: I've enclosed articles of
Incorporation "Annual Report Forms for"
C & R of Miami Enterprises, Inc. and D & C
Roofing System, Corp. I did not receive my
annual report, and I was not aware of
this payment, because this is my first
time in business, but I promise that
from now on this will not happen to
me again.

Sincerely,
Carmen Cervantes
Christopher Cervantes