Apr 26 04 10:59p John D Gentile, CPA 954

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90327 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000113504

1. Entity Name
LAUMAR ROOFING SERVICE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 SW 21 st Terr	800 SW 21 st Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale	City & State: Ft. Lauderdale
Zip: 33312 Country: Broward	Zip: 33312 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 81-0576642 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: FILINGS, INC
Street Address (P.O. Box Number is Not Acceptable): 3732 N.W. 16th Street
City: Ft. Lauderdale FL Zip Code: 33311-4132

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D.P.S.	TITLE	
NAME	BAEZ, JOSE	NAME	
STREET ADDRESS	201 NE 30 ST	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33429	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034E (12/02)

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 in an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE