

FILED

May 05, 2003 8:00 am
Secretary of State

04-18-2003 90111 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000126470

1. Entity Name

LAND ROOFERS/ROOFING CONTRACTORS, INC.

Principal Place of Business
13990 NW 6 COURT
MIAMI FL 33168Mailing Address
11201 SW 60 AVE
PINECREST FL 33156

2. Principal Place of Business

11201 S.W. 60TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

11201 S.W. 60TH AVE.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

54-2084335

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERAI, SOBHI
11201 SW 60 AVE
PINECREST FL 33156

Correction: SEBAI, SOBHI

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEBAI, SOBHI
11201 S.W. 60 Ave.
Miami Florida 33156 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SEBAI, SOBHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

788 258 4874

Daytime Phone #

CR2E034 (10/02)