

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009941.

1. Entity Name

STATEWIDE ROOFING CONSULTANTS, INC.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90099 032 \*\*\*158.75

Principal Place of Business

11517 N.W. 20TH COURT  
CORAL SPRINGS FL 33071

Mailing Address

11517 N.W. 20TH COURT  
CORAL SPRINGS FL 33071

2. Principal Place of Business

1540 NE 132 RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

North Miami FL

City & State

4. FEI Number

65-0373236

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

Country

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

RINALDI, SALVATORE  
11517 N.W. 20TH COURT  
CORAL SPRINGS FL 33071

Name

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

EDGARDO DIGON

1540 NE 132 RD.

City

NORTH MIAMI

FL

Zip Code

33161

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, 2001 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 PST ☐ Delete  
NAME RINALDI, SALVATORE  
STREET ADDRESS 11517 N.W. 20TH COURT  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME EDGARDO DIGON  
STREET ADDRESS 1540 NE 132 RD.  
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE VP ☐ Delete  
NAME ROSE, CARL  
STREET ADDRESS 3307 N.W. 108TH DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/01  
Date

305 216 2688  
Daytime Phone #

CR2E034 (10/00)