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

Jun 02, 2003 8:00 am **Secretary of State** P93000083359 DOCUMENT # 06-02-2003 90185 030 ***150.00 1. Entity Name JACA BROTHERS ROOFING COMPANY Principal Place of Business Mailing Address 7061 SW 47 ST P. O. BOX 43-2200 **MIAMI FL 33155** MIAMI FL 33243-2200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0452294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACA, FREDERICK J Street Address (P.O. Box Number is Not Acceptable) 7061 SW 47 ST **MIAMI FL 33155** City 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 registe SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered ages title if applic FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE JACA, FREDERICK J NAME NAME 7061 SW 47 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 express, with all other like empowered. 1 1

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