## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 18, 2001 8:00 am Secretary of State DOCUMENT # P94000011648 05-18-2001 91563 010 \*\*\*150.00 PRUDENTIAL ROOFING CONTRACTORS INC. Principal Place of Business Mailing Address 17801 SCARSDALE WAY 17801 SCARSDALE WAY **BOCA RATON FL 33496 BOCA RATON FL 33496** บร US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0467038 Not Applicable Country \_Country \_ \$8.75 Additional -5.-Certificate of Status Desired — --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIA, ADRIAN A Street Address (P.O. Box Number is Not Acceptable) 851 THREE ISLAND BLVD **APT 102** HALLANDALE FL 33009 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BIAS, ADRIAN A STREET ADDRESS STREET ADDRESS 851 THREE ISLAND BLVD #102 CITY-ST-ZIP CITY-ST-ZIP <u>Hallandale FL</u> Addition ☐ Change ☐ Delete TITLE TITLE VP NAME NAME BIAS, GABRIELA STREET ADDRESS STREET ADDRESS 17801 SCARSDALE WAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME

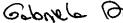
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE





RINTED NAME OF SIGNING OFFICER OR DIRECTOR