

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90068 010 ***150.00

DOCUMENT # P94000045392

1. Entity Name

ROOF TECH SALES CORPORATION

Principal Place of Business

5190 NW 167 ST
 SUITE 221 D
 MIAMI FL 33014
 US

Mailing Address

5190 NW 167 ST
 SUITE 221 D
 MIAMI FL 33014
 US

2. Principal Place of Business

15741 TURNBERRY DR
 Suite, Apt. #, etc.

3. Mailing Address

15741 TURNBERRY DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES FL

4. FEI Number

65-0499127

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LES GORY
 5190 NW 167 ST
 MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

LES GORY

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

15741 TURNBERRY DR

City

MIAMI LAKES

FL

Zip Code

33014

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 **LES GORY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 15, 2001
 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	STURDY, DAVID I	
STREET ADDRESS	10031 PINES BLVD., SUITE 211	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GORY, LESLIE	
STREET ADDRESS	15741 TURNBERRY DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

02/27/01 305 825-6769
 Date Daytime Phone #

CR2E034 (10/00)