

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1996 / 997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAY 9 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010800 (7)

1. Corporation Name

NAMIN ROOFING CO., INC.



Principal Place of Business

Mailing Address

3600 SOUTH STATE ROAD 7  
SUITE 257  
MIRAMAR F: 33023

3600 SOUTH STATE ROAD 7  
SUITE 257  
MIRAMAR F: 33023

3. Date Incorporated or Qualified  
02/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 701 PROMENADE DR.

Suite, Apt. #, etc.

22 Suite 209

City & State

23 Pembroke Pines, Fl 33026

Zip

Country

24

25

2a. Mailing Address

26 701 PROMENADE DR.

Suite, Apt. #, etc.

27 Suite 209

City & State

28 Pembroke Pines, Fl. 33026

Zip

Country

29

30

4. FEI Number

65-0553903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NAMIN, BEHZAD M  
3600 SOUTH STATE ROAD 7  
SUITE 257  
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name

NAMIN, BEHZAD M.

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

701 PROMENADE DRIVE SUITE 209

83

PEMBROKE PINES, FL. 33026

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ~~NAMIN, MASOMEN K~~  
STREET ADDRESS ~~3600 S. STATE ROAD 7 SUITE 257~~  
CITY-ST-ZIP ~~MIRAMAR FL 33023~~

TITLE D ☐ DELETE

NAME NAMIN, BEHZAD M  
STREET ADDRESS 3600 S. STATE ROAD 7 SUITE 257  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE D ☒ Change ☐ Addition

12 NAME ~~NAMIN, MASOMEN K~~  
13 STREET ADDRESS ~~701 PROMENADE DRIVE SUITE 209~~  
14 CITY-ST-ZIP ~~PEMBROKE PINES, FL. 33026~~

2 1 TITLE D ☐ Change ☐ Addition

22 NAME NAMIN, BEHZAD M.  
23 STREET ADDRESS 701 PROMENADE DRIVE SUITE 209  
24 CITY-ST-ZIP PEMBROKE PINES, FL. 33026

3 1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS 8000002188258-6  
34 CITY-ST-ZIP -05/22/97-01080-007  
\*\*\*\*165.00 \*\*\*\*165.00

4 1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone if

4/28/97 (954) 430-1818

CR2E034 (12/95)