## 2002 Uniform Business Report (UBR)

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## Mar 28, 2002 8:00 am Secretary of State P95000057703 DOCUMENT # 1. Entity Name 03-28-2002 90354 035 \*\*\*150.00 M. ROMERO'S ROOFING & INSPECTIONS, INC. Principal Place of Business Mailing Address 13360 SW 78 ST 13360 SW 78 ST MIAMI FL 33183 **MIAMI FL 33183** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0596087 Not Applicable Zip Zip Country 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 ROMERO, MARIA Street Address (P.O. Box Number is Not Acceptable) 13360 SW 78 ST **MIAMI FL 33183** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CR2E034 (9/01 Delete TITLE Change Addition ROMERO, ONEIDA NAME NAME 3211 S.W. 128TH AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition ROMERO, MARIA NAME NAME 13360 SW 78 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ROMERO, MARCOS NAME NAME STREET ADDRESS 13360 SW 78 ST STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

Daytime Phone #