

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065544  
1. Entity Name  
Sunrise Roofing Inc.

Principal Place of Business Mailing Address  
3285 B Lake Worth Rd  
Lake Worth FL 33461

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country USA Zip Country  
Palm Beach

6. Name and Address of Current Registered Agent  
Jose N. Rodriguez  
115 W. Palmetto Rd  
Lake Worth FL 33467

FILED  
00 JUN 22 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4. FEI Number 65-060-6306  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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.  
SIGNATURE Jose Rodriguez DATE 6-6-00  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose N. Rodriguez		NAME		
STREET ADDRESS	115 W. Palmetto Rd		STREET ADDRESS		
CITY-ST-ZIP	Lake Worth FL 33467		CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teresa Rodriguez		NAME		
STREET ADDRESS	115 W. Palmetto Rd		STREET ADDRESS		
CITY-ST-ZIP	Lake Worth FL 33467		CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wis Rodriguez		NAME		
STREET ADDRESS	4894 Canal Drive		STREET ADDRESS		
CITY-ST-ZIP	Lake Worth FL 33463		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Jose Rodriguez DATE 6-6-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)