

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90184 006 ***150.00

DOCUMENT # P95000089800

1. Entity Name

HOT ROOFING SUPPLIES CORPORATION

Principal Place of Business

7320 NW 43 ST
 MIAMI FL 33166
 US

Mailing Address

P O BOX 14-3976
 MIAMI FL 33114-3976
 US

2. Principal Place of Business

1900 CORAL WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip

33145

Country

USA

Country

4. FEI Number

65-0625777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRIZBEITIA, FRANK
7320 NW 43 ST.
MIAMI FL 33166

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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	D	<input type="checkbox"/> Delete
NAME	BALLESTEROS, JOSE R	
STREET ADDRESS	7320 NW 43 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALLESTEROS, HENRY L	
STREET ADDRESS	7320 NW 43 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERRIZBEITIA, FRANK	
STREET ADDRESS	7320 NW 43 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPINS, ALVARO G	
STREET ADDRESS	7320 NW 43 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIZBEITIA FRANK	
STREET ADDRESS	1900 CORAL WAY # 303	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARO CAMPINS	
STREET ADDRESS	1900 CORAL WAY # 303	
CITY-ST-ZIP	MIAMI FL 33145	
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		

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: **ALVARO CAMPINS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/28/00 (305) 285 0533

CR2E034 (9/99)