

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088173

1. Entity Name

ROBERTS ROOFING AND SUPPLY INC.

Principal Place of Business

2170 OPA LOCKA BLVD  
OPA LOCKA FL 33054

Mailing Address

2170 OPA LOCKA BLVD  
OPA LOCKA FL 33054-4230

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KORSCHUN, ROBERT S  
28 WEST FLAGLER STREET #1123  
MIAMI FL

7. Name and Address of New Registered Agent

Name **ROBERTO ACOSTA JR.**

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

**2170 OPALOCKA BLVD.**

City **OPALOCKA**

**FL**

Zip Code **33054**

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

**ROBERTO ACOSTA**

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

(NOTE: Registered Agent signature required when reinstating)

**1-7-00**

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, 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

TITLE **D** ☐ Delete  
NAME **ACOSTA, ROBERTO JR.**  
STREET ADDRESS **2170 OPA LOCKA BLVD**  
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90031 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0731443** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**SIGNATURE: ROBERTO ACOSTA JR.** **1-7-00** **305-769-0600**