

DOCUMENT # P96000100134

Entity Name

GOLD STAR ROOFING, INC.

98-00AR

FILED

00 JAN 25 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
1538 Northeast 17 Terrace
Fort Lauderdale, Florida 33304
Mailing Address
same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0711804

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Manjit Kaur
1538 Northeast 17 Terrace
Fort Lauderdale, Florida 33304

7. Name and Address of New Registered Agent

Name
Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria AvenueCity
Coral Gables

FL

Zip Code
33134

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.

Spiegel & Utrera, P.A.

SIGNATURE

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Kandola, Balbir S.
1538 Northeast 17 Terrace
Fort Lauderdale, Florida 33304 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
Kaur, Manjit
1538 Northeast 17 Terrace
Fort Lauderdale, Florida 33304 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Kandola, Amarjit
1538 Northeast 17 Terrace
Fort Lauderdale, Florida 33304 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditiTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003118934-3
02/01/00-01096-012
****450.00 ****450.00 ☐ Change ☐ AdditiTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditiTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditiTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LS ☐ Change ☐ AdditiTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Additi

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

1/24/00 984
868-9639