FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jun 02, 2003 8:00 am Secretary of State P97000029417 DOCUMENT # 06-02-2003 90185 019 \*\*\*150.00 1. Entity Name SUPERIOR ROOF TILES INC. Principal Place of Business Mailing Address 14735 S.W. 51 TERRACE 14735 S.W. 51 TERRACE MIAMI FL 33185 **MIAMI FL 33185** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0739135 Not Applicable Zip Country Country Zip \$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 CORONADO, RAMONA Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY SUITE 21 **MIAMI FL 33155** Zin Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Change ☐ Addition NAME TORRES, ORLANDO J NAME STREET ADDRESS 4220 S.W. 72ST AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE\_ . Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change □ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all o

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

ORIAMO J. topkes

Daytime Phone #

attachment,

## **14735 SW 51 TERRACE MIAMI, FL 33185**

May 1, 2003

Secretary of State **Division of Corporations** PO Box 6327 Tallahassee, Fl 32314

RE: Corporation Annual Report Doc# P97000029417

## Gentlemen:

We are sorry for mailing you our annual payment a bit late, but we have had some family problems, and continue to have them.

We promise to take care of this problem by next year, and we thank you for this. Enclosed please find our check number 1944 in the amount of \$150.00 to cover the filing.

Sincerely,

Orlando J. Torres, President