

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 8:00 am**
Secretary of State

02-26-2001 90529 003 ***150.00

DOCUMENT # P97000045749

1. Entity Name

ROOFING PLUS, INC.

Principal Place of Business

**2214 WEST 74TH STREET SUITE 201
HIALEAH FL 33016**

Mailing Address

**2214 WEST 74TH STREET SUITE 201
HIALEAH FL 33016**

2. Principal Place of Business

4930 EAST 2nd. AVE.

Suite, Apt. #, etc.

HIALEAH

City & State

FL. 33013-1410

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0755514

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

HERNANDEZ, ELBIS**2214 WEST 74TH STREET SUITE 201
HIALEAH FL 33016**

Name

ELBIS HERNANDEZ

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

4930 EAST 2nd. AVE.

City

HIALEAH,**FL**

Zip Code

33013-1410

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

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

(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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ELBIS	
STREET ADDRESS	2214 WEST 74TH STREET SUITE 201	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, EVERT	
STREET ADDRESS	2214 WEST 74TH STREET SUITE 201	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AURORA CASTELLON	
STREET ADDRESS	4939 EAST 2nd. AVE.	
CITY-ST-ZIP	HIALEAH, FL. 33013-1410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/2001

Date

(305) 557-7489

Daytime Phone #

CR2E034 (10/00)