

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047090

1. Entity Name

RAINGUARD ROOFING CORPORATION

Principal Place of Business

1505 S.W. 25TH AVENUE
FORT LAUDERDALE FL 33312

Mailing Address

1505 S.W. 25TH AVENUE
FORT LAUDERDALE FL 33312-3939

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

KAREYVA, ALBERT J III
~~1520 S.W. 32ND STREET~~
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

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

1505 SW 25 AVE.

City

FL

Zip Code

33312

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, 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 V
NAME KAREYVA, HOLLY J
STREET ADDRESS ~~1520 SW 32 STREET~~
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE P
NAME KAREYVA, ALBERT J III
STREET ADDRESS ~~1520 SW 32 STREET~~
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1505 SW 25 AVE.
CITY-ST-ZIP 33312

TITLE
NAME
STREET ADDRESS 1505 SW 25 AVE.
CITY-ST-ZIP 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: *X Albert J. Kareyva III* Albert J. Kareyva III 1-12-00 (954) 791-447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90043 020 ***150.00

B0005230



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0755899

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required