

# 2001 UNIFORM BUSINESS REPORT (UBR)

0254964

DOCUMENT # P97000047090

1. Entity Name

RAINGUARD ROOFING CORPORATION

FILED

01 JAN 12 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4100 NORTH POWERLINE ROAD

3. Mailing Address

4100 NORTH POWERLINE ROAD

Suite, Apt. #, etc.

SUITE D-3

Suite, Apt. #, etc.

SUITE D-3

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

65-0755899

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAREYVA, ALBERT J III  
1505 SW 25 AVE.  
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

SADER & LEMAIRE, P.A. [Robert L.]

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

1901 WEST CYPRESS CREEK ROAD [Sader]

SUITE 415

City

FORT LAUDERDALE

FL

Zip Code

33309

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

*Robert L. Sader, Esq.* Robert L. Sader, Esquire 1/10/01

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 State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KAREYVA, HOLLY J	
STREET ADDRESS	1505 SW 25 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KAREYVA, ALBERT J III	
STREET ADDRESS	1505 SW 25 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/TREASURER/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL B. ANDREASSEN	
STREET ADDRESS	427 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
TITLE	VICE PRESIDENT/SECRETARY/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL T. ADAMS	
STREET ADDRESS	1883 DISCOVERY WAY	
CITY-ST-ZIP	DEERFIELD BEACH, FLORIDA 33442	
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 all other like empowered.

SIGNATURE:

*Michael T. Adams* Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL T. ADAMS 1/10/01 (954) 977-5428

Date

Daytime Phone #

CR2E034 (10/00)