

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90222 018 ***158.75

DOCUMENT # P97000054414

1. Entity Name

A.R.I. ROOFING CONTRACTORS, INC.

Principal Place of Business

**8651 NE 10 CT
 MIAMI FL 33138
 US**

Mailing Address

**8651 NE 10 CT
 MIAMI FL 33138
 US**

2. Principal Place of Business

13615 S. Dixie Hwy.

3. Mailing Address

13615 S. Dixie Hwy.

Suite, Apt. #, etc.

#114, PMB-383

Suite, Apt. #, etc.

#114, PMB-383

City & State

MIAMI, FLA

City & State

MIAMI, FLA

Zip

33176

Country

MIAMI-DADE

Zip

33176

Country

MIAMI-DADE

4. FEI Number

65-0763459

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LETHBRIDGE, R P

8651 NE 10 CT

MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

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

13615 S. Dixie Hwy. #114, PMB-383

City

MIAMI

FL

Zip Code

33176

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, 2002 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 **P** ☐ Delete
 NAME **LETHBRIDGE, R P**
 STREET ADDRESS **8651 NE 10 CT**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VP** ☐ Delete
 NAME **DELSOL, D**
 STREET ADDRESS **8651 NE 10 CT**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **S** ☐ Delete
 NAME **DIAZ, D**
 STREET ADDRESS **9674 NW 10 AVE, H-856**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13615 S. Dixie Hwy. #114, PMB-383**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **SAME** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13615 S. Dixie Hwy. #114, PMB-383**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ROSEMARIE P. LETHBRIDGE 4/20/02 (305) 252-7635
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)