

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068012

1. Entity Name

NATIONAL ROOFING GROUP INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90020 007 ***150.00

Principal Place of Business

395 SW 78 PL
MIAMI FL 33144
US

Mailing Address

395 SW 78 PL
MIAMI FL 33144-2340
US

2. Principal Place of Business
395 S.W. 78 PL.

3. Mailing Address
395 S.W. 78 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33144

Country
U.S.

Zip
33144

Country
U.S.

4. FEI Number 65-0786981

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

MIERES, ARMANDO
395 SW 78 PL
MIAMI FL 33144

Name
Armando Mieres

Street Address (P.O. Box Number is Not Acceptable)
395 S.W. 78 PL.

City
Miami,

FL

Zip Code
33144

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 *Armando Mieres*

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

Armando Mieres Director

(NOTE: Registered Agent signature required when reinstating)

2-18-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIERES, ARMANDO
395 SW 78 PL
MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
JOYA, MANUEL
5841 SW 78 PL.
MIAMI, FL 33125 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Armando Mieres* *Armando Mieres Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/2000

CR2E034 (9/99)