

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099391

1. Entity Name

A-1 CUSTOM ROOFING CORP.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91340 009 \*\*\*150.00

Principal Place of Business  
8181 NW 36 ST  
STE 14F  
MIAMI FL 33166  
US

Mailing Address  
8181 NW 36 ST  
STE 14F  
MIAMI FL 33166  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0798059

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

MONSERRAT, JORGE  
8181 NW 36 ST  
STE 14 F  
MIAMI FL 33166

Name

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

City

FL

Zip Code

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 reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~  
NAME MONSERRAT, JORGE  
STREET ADDRESS 8181 NW 36 ST #14F  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE  
NAME TREASURER  
STREET ADDRESS MONSERRAT, JORGE  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME VSD  
STREET ADDRESS GOMEZ, ARNOLDO  
CITY-ST-ZIP 6761 SW 2 STREET  
MIAMI FL 33165 ☐ Delete

TITLE  
NAME PD  
STREET ADDRESS GOMEZ, ARNOLDO  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

986-8612  
(305)

Daytime Phone #

CR2E034 (10/00)