

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90062 019 ***150.00

DOCUMENT # P98000017791

1. Entity Name
PASAT ROOFING, INC.

Principal Place of Business

2706 SUNSHINE BLVD.
 MIRAMAR FL 33023

Mailing Address

2706 SUNSHINE BLVD.
 MIRAMAR FL 33023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3535 N.W. 10 Ave
 Suite, Apt. #, etc.

3. Mailing Address

3535 N.W. 10 Ave
 Suite, Apt. #, etc.

City & State

FT Lauderdale
 Zip 33309 Country

City & State

FT Lauderdale
 Zip 33309 Country

4. FEI Number

65-0816294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PASAT, COSTINEL SR.
 2706 SUNSHINE BLVD.
 MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 3535 N.W. 10 Avenue
 City FT 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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-8-02

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 PD
 NAME PASAT, COSTINEL SR.
 STREET ADDRESS 2706 SUNSHINE BLVD.
 CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE V
 NAME PASAT, COSTINEL JR
 STREET ADDRESS 2706 SUNSHINE BLVD
 CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3535 N.W. 10 Avenue
 CITY-ST-ZIP FT Lauderdale FL 33309

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

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

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: *[Signature]*

[Signature] PASAT, COSTINEL SR. 3-8-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)