

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90153 037 ***158.75

DOCUMENT # *P 98000046749*

1. Entity Name

Porto & Garcia Roofing, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7525 W. 24 Ave.

Suite, Apt. #, etc.

3. Mailing Address

8365 N.W. 157 Ter

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah FL

Zip

33016

Country

Miami-Dade

City & State

Miami Lakes FL

Zip

33016

Country

Miami-Dade

4. FEI Number

65-0837882

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jose L. Porto

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

8365 N.W. 157 Ter

City

Miami Lakes

FL

Zip Code
33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jose L. Porto, President

(NOTE: Registered Agent signature required when reinstating)

7-22-03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT/SECRETARY JOSE L. PORTO 8365 N.W. 157 Ter MIAMI LAKES, FL 33016</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT LAZARO GARCIA 1400 N.W. 3 St MIAMI, FL 33125</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT MIGUEL GARCIA 15042 SW 34 Ter MIAMI, FL 33185</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose L. Porto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03
Date

(305) 234-4126
Daytime Phone #

CR2E034B (12/02)