

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053235

1. Entity Name

MIAMI ROOF REPAIRS, INC.

Principal Place of Business

272 N.E. 60TH STREET  
MIAMI FL

Mailing Address

272 N.E. 60TH STREET  
MIAMI FL

2. Principal Place of Business

9900 S.W. 40th Street

3. Mailing Address

9900 S.W. 40th Street

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

Zip

33165

Country

DADE

Zip

33165

Country

DADE

4. FEI Number

65-0844171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, JULIO

272 N.E. 60TH STREET  
MIAMI FL

7. Name and Address of New Registered Agent

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 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, 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

TITLE PD  
NAME CRUZ, JULIO  
STREET ADDRESS 465 N.E. 55TH STREET  
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE SVP  
NAME MERCEDES, CRUZ  
STREET ADDRESS 272 NE 60TH ST  
CITY-ST-ZIP MIAMI FL 33137 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERCEDES CRUZ

DATE

4/25/01

Daytime Phone #

(305) 754-7000

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90221 037 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)