

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069422

NAME
SHU ROOFING COMPANY

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90408 028 ***150.00

00079123



DO NOT WRITE IN THIS SPACE

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|---|--|
| Principal Place of Business 1734 RITA ST. SARASOTA FL 34231 | Mailing Address 2504 HICKORY AVE. SARASOTA FL 34234-7335 |
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| 2. Principal Place of Business 1734 Rita St. Suite, Apt. #, etc. | 3. Mailing Address 2504 Hickory Ave. Suite, Apt. #, etc. |
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|------------------------------|------------------------------|
| City & State Sarasota, FL | City & State Sarasota, FL |
| Zip 34231 | Country |
| Zip 34234 | Country |

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|--|--|
| 4. FEI Number 65-0859865 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ECHENIQUE, PATRICIO 2504 HICKORY AVE. SARASOTA FL 34234 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D VERGARA, MARCOS PERPETUA FREIRE 90 LA FLORIDA, CHILE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D ECHENIQUE, C. PATRICIA 2504 HICKORY AVE. SARASOTA, FL 34234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

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|--|-----------------|-------------------------------|
| SIGNATURE: <i>SIG. NATURAL REQUIRED ECHENIQUE</i> | Date: 4/14/2000 | Daytime Phone #: 941 366-9177 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |