

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096948

1. Entity Name

SOUTHERN EXTERIORS ROOFING AND WATERPROOFING, IN

Principal Place of Business

12265 S. DIXIE HWY
MIAMI FL 33156

#91

Mailing Address

12265 S. DIXIE HWY
MIAMI FL 33156

#91

2. Principal Place of Business

STUART

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12265 S. DIXIE HWY

Suite, Apt. #, etc.

Suite #91

City & State

Miami

Zip

33156

Country

USA

6. Name and Address of Current Registered Agent

OPPER, DAVID
12265 S. DIXIE HWY
MIAMI FL 33156

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

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	PRD	<input type="checkbox"/> Delete
NAME	OPPER, DAVID	
STREET ADDRESS	12265 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SEC. LLOYD OPPE	<input type="checkbox"/> Delete
NAME	1065 27th AVE	
STREET ADDRESS	VERO BEACH 32951	
CITY-ST-ZIP		
TITLE	V-P Gordon McDonald	<input type="checkbox"/> Delete
NAME	12265 S. DIXIE	
STREET ADDRESS	MIAMI FL 33156	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

305 986-0176

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

This Document was not mailed
Directly to me. My Address Has
to have Suite # 91 with the
Address. Please Adjust your Records

David Oppal

305-986-0176

Attachment

#P98000096948
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