

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

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90321 011 ***155.00

DOCUMENT # P98000096948

1. Entity Name

Southern Exteriors Roofing & Waterproofing

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Miami

12265 S. Dixie

Suite, Apt. #, etc.

12265 S. Dixie

Suite, Apt. #, etc.

#91

City & State

Miami

City & State

Miami FL

Zip

33156

Country

USA

Zip

33156

Country

DADE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David Oppen

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

12265 S. Dixie

City

Miami

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

11. SEC-TRE. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LLoyd Oppen
1065 27th Ave
Varo Bch FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Grice Pres.
Gordon E. McDonald
12265 S. Dixie

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres. David Oppen
12265 S. Dixie
Miami Florida

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
PO1000086848
122341

Second year Did
Not Receive - please
Send Certified Next
Year - I'll pay for it
Thank you Elmer 305-986
a76