

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Aug 08, 2000 8:00 am
Secretary of State

05-24-2000 90145 042 ***150.00

DOCUMENT # P98000097237

1. Entity Name

BLUE ROOF CORP.

Principal Place of Business	Mailing Address
75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134	75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134

2. Principal Place of Business
 SAME AS ABOVE

3. Mailing Address
 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR 65-1025780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE LA PENA, VILLANUEVA & BAJANDAS LLP
 601 BRICKELL KEY DRIVE, SUITE 705
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 CARLOS VILLANUEVA
 Street Address (P.O. Box Number is Not Acceptable)
 75 VALENCIA AVENUE
 4TH FLOOR
 City
 CORAL GABLES FL Zip Code
 33134

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

CARLOS VILLANUEVA

4/28/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	MOCCHETTI, STELLA M.	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAJANDAS, RICARDO	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	

TITLE	S	<input type="checkbox"/> Delete
NAME	CITARA, CARLOS O	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCCHETTI, STELLA M.	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLANUEVA, CARLOS	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITARA, CARLOS	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	

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:

CARLOS VILLANUEVA

4/28/00 305-377-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #