

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90163 019 \*\*\*150.00

**DOCUMENT # P99000026365**

1. Entity Name  
**L.D. ROOFING CONTRACTOR, INC.**

Principal Place of Business  
**319 WEST 15TH STREET**  
**HIALEAH FL 33010**

Mailing Address  
**319 WEST 15TH STREET**  
**HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0904575**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORALES, EVELYN**  
**319 WEST 15TH STREET**  
**HIALEAH FL 33010**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>PVST</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MORALES, EVELYN</b>	<b>319 WEST 15TH STREET</b>	<b>HIALEAH FL 33010</b>						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2034 (4/02)

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 REQUIRED**  
**EVELYN MORALES**  
**PRESIDENT**

Date

Daytime Phone #

**7/08/02 305-888-1299**

Attachment  
ID# P9900002UB65

972681

L.D. ROOFING CONTRACTOR, INC.  
319 WEST 15<sup>TH</sup> STREET  
HIALEAH, FLORIDA 33010  
305-888-1299

Miami, July 11, 2002


Florida Department of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir:

Enclosed you will find as per our telephone conversation the second notice of (UBR)  
Since the first one never reached my office together with the check for \$150.00.

Next year I will be looking for this type of envelope so I can mail it before may 1.

Yours truly

  
Evelyn Morales  
President