

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034794

1. Entity Name

CENTURY ROOFING SUPPLY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90049 038 ***150.00

Principal Place of Business

Mailing Address

3807 N. 29TH AVE.
HOLLYWOOD FL 33020

3807 N. 29TH AVE.
HOLLYWOOD FL 33020-1007

2. Principal Place of Business

3. Mailing Address

7490 N.W. 48 ST
Suite, Apt. #, etc.

7490 N.W. 48 ST
Suite, Apt. #, etc.

City & State

City & State

MIAMI, Florida

MIAMI, Florida

Zip

Country

Zip

Country

33166

Dade

33166

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0925344

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

BIELER, BERNARD
3807 N. 29TH AVE.
HOLLYWOOD FL 33020

Name

ARGOTE, AMADO

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

2941 S.W. 107 CT

City

MIAMI

FL

Zip Code

33165

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 reissuing)

DATE

04-30-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D - <input type="checkbox"/> Delete
NAME	BIELER, BERNARD
STREET ADDRESS	3807 N. 29TH AVE.
CITY-ST-ZIP	HOLLYWOOD FL 33020
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bieler, Bernard
STREET ADDRESS	3807 N. 29TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARGOTE, AMADO
STREET ADDRESS	2941 S.W. 107 CT
CITY-ST-ZIP	MIAMI, FL 33165
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

Date

Daytime Phone #

1-20-2000 305 592 0220

CR2E034 (9/99)