

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034794

1. Entity Name

CENTURY ROOFING SUPPLY, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90036 020 ***158.75

Principal Place of Business

7490 NW 48 ST
MIAMI FL 33166

Mailing Address

7490 NW 48 ST
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

~~ARGOTE, AMADO~~
~~2941 SW 107 CT~~
~~MIAMI FL 33165~~

Name **LAWRENCE BIELER, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
ONE BISCAYNE TOWER SUITE 3250
TWO SOUTH BISCAYNE BOULEVARD
City **MIAMI** FL Zip Code **33131**

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	BIELER, BERNARD	
STREET ADDRESS	3807 N. 29TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARGOTE, AMADO	
STREET ADDRESS	2941 SW 107 CT	
CITY-ST-ZIP	MIAMI FL 33165	
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	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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELER, WILLIAM	
STREET ADDRESS	1000 W. ISLAND BLVD.	
CITY-ST-ZIP	AVENTURA, FL	
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

BERNARD BIELER 04/24/01 (305) 592-0220

Date

Daytime Phone #

CR2E034 (10/00)