

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074597

1. Entity Name

ENTEGR A ROOF TILE CORPORATION- MIAMI

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90178 033 ***158.75

Principal Place of Business

819 SOUTH FEDERAL HIGHWAY, SUITE 201
STUART FL 34994

Mailing Address

819 SOUTH FEDERAL HIGHWAY, SUITE 201
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942345

Applied For

Not Applicable

5. Certificate of Status Desired

xx

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUNTER, CECIL
819 SOUTH FEDERAL HIGHWAY, SUITE 201
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Rosemarie Zummo

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

819 S. Federal Highway, Suite 103

City

Stuart

FL

Zip Code

34994

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 Rosemarie Zummo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

xx

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILLAGE, GEORGE	
STREET ADDRESS	819 SOUTH FEDERAL HIGHWAY, SUITE 201	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARIAS, FERNANDO	
STREET ADDRESS	819 SOUTH FEDERAL HIGHWAY, SUITE 201	
CITY-ST-ZIP	STUART FL 34994	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TORRES, LUCY	
STREET ADDRESS	819 S FEDERAL HIGHWAY, SUITE 201	
CITY-ST-ZIP	STUART FL 34994	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DELPINO, SUSIE	
STREET ADDRESS	819 S FEDERAL HIGHWAY, SUITE 201	
CITY-ST-ZIP	STUART FL 34994	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Johnson	
STREET ADDRESS	819 S. Federal Highway, Suite 103	
CITY-ST-ZIP	Stuart, Florida 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Santos	
STREET ADDRESS	819 S. Federal Highway, Suite 103	
CITY-ST-ZIP	Stuart, Florida 34994	
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: Fernando Arias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

(561) 223-0005

Daytime Phone #

CR2E034 (10/00)