FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # S19317** 1. Entity Name FLORIDA ROOF-TECH CORP. 02-09-2001 90225 010 ***150.00 Principal Place of Business Mailing Address 2730 W 78TH ST 2730 W 78TH ST HIALEAH FL 33016 HIALEAH FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0235348 Not Applicable: Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, MARCIAL Street Address (P.O. Box Number is Not Acceptable) 2730 W 78TH ST HIALEAH FL 33016 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition RODRIGUEZ, MARCIAL NAME NAME STREET ADDRESS 2730 W 78TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITI F ☐ Defete TITLE Change ☐ Addition NAME RODRIGUEZ, MARCIAL, JR. NAME STREET ADDRESS 2730 W 78TH ST STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filipe 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 of 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.

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENT