

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90164 026 ***150.00

DOCUMENT # S75719

1. Entity Name

MARLIN ROOFING SYSTEMS, INC.

Principal Place of Business

**6925 NW 42 ST
MIAMI FL 33166
US**

Mailing Address

**6925 N.W. 42ND ST.
MIAMI FL 33166
US**

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 **65-0279292**

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

**MEDINA, ANA B
6333 SW 31 ST.
MIAMI FL 33155**

Name

Medina, Ana B.

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

3230 SW 24 Terrace

City

Miami

FL

33145

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

Ana B. Medina, Director

DATE

1/31/01

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 **D** ☐ Delete
NAME **MEDINA, ANA B.**
STREET ADDRESS **6333 SW 31 ST.**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **Director** ☒ Change ☐ Addition
NAME **Medina, Ana B.**
STREET ADDRESS **3230 SW 24 Terrace**
CITY-ST-ZIP **Miami, FL 33145**

TITLE **P** ☐ Delete
NAME **MEDINA, LUIS ROBERTO**
STREET ADDRESS **6333 SW 31 ST**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **President** ☒ Change ☐ Addition
NAME **Medina Luis Roberto**
STREET ADDRESS **3230 SW 24 Terrace**
CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana B. Medina, Director

Date

1/31/01

Daytime Phone #

305 266-0721

CR2E034 (10/00)