2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   S75719

1. Entity Name
MARLIN ROOFING SYSTEMS, INC.

Principal Place of Business	Mailing Address
6925 NW 42 ST MIAMI FL 33166 US	6925 N.W. 42ND ST. MIAMI FL 33166 US

00001648

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2529 NW 21 Terrace
Suite, Apt. #, etc.

3. Mailing Address
2422 South Miami Avenue
Suite, Apt. #, etc.

City & State	City & State		4. FEI Number	65-0279292	☐ Applied For ☐ Not Applicable
Miami Florida	Miami Fl.				
Zip	Country USA	Zip 33129	Country USA	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 3230 SW 24 TERR MIAMI FL 33145	Name: Ana B. Medina Street Address (P.O. Box Number is Not Acceptable): 2422 S. Miami Avenue City: Miami FL Zip Code: 33129

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_   1/7/01.
(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, ANA B. 3230 SW 24 TERR MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Medina, Ana B 2422 S. Miami Avenue Miami Fl. 33129	☑ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDINA, LUIS ROBERTO 3230 SW 24 TERR MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Luis R. Medina 2422 S. Miami Avenue Miami Fl. 33129.	☑ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

CR2E034 (9/01)

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 another like empowered.

SIGNATURE: _Ana B. Medina_   1/7/02   305 266-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #