

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75813

1. Entity Name

HI-RISE COMMERCIAL ROOFING, INC.

Principal Place of Business

2000 N.W. 22ND STREET  
FT. LAUDERDALE FL 33311  
US

Mailing Address

4611 S. UNIVERSITY DR.  
SUITE 315  
DAVIE FL 33328-3817  
US

2. Principal Place of Business

3700 HACIENDA Blvd

3. Mailing Address

Suite, Apt. #, etc.

H

City & State

Ft. Lauderdale FL

City & State

Zip Country Zip Country

33314 BROWARD

4. FEI Number

65-0275147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAHIN, GEORGE  
4611 S. UNIVERSITY DRIVE  
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

George Shahin

1/11/2000

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

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHIN, GEORGE		NAME		
STREET ADDRESS	2190 SW 115TH		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARL, WILLIAM B.		NAME		
STREET ADDRESS	2000 NW 22 ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITTS, DANA F.		NAME		
STREET ADDRESS	2000 NW 22 ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date

Daytime Phone #

1/11/2000

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90054 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)