FILED

2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # S75813 1. Entity Name 04-01-2002 90645 018 ***150.00 HI-RISE COMMERCIAL ROOFING, INC. Principal Place of Business Mailing Address 3700 HACIENDA BLVD 3700 HACIENDA BLVD SHITE H SHITE H FT LAUDERDALE FL 33314-2823 FT LAUDERDALE FL 33314-2823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0275147 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHANIN. GEORGE Street Address (P.O. Box Number is Not Acceptable) 3700 HACIENDA BLVD SUITE H FT LAUDERDALE FL 33314-2823 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 TITLE NAME SHAHIN, GEORGE NAME STREET ADDRESS 3700 HACIENDA BLVD, SUITE H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33314-2823 TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME EARL, WILLIAM B STREET ADDRESS STREET ADDRESS 2000 NW 22 ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PRITTS, DANA F STREET ADDRESS STREET ADDRESS 2000 NW 22 ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F □ 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

SIGNATURE:

changed, or on an attack

13. I hereby certify that the information supplied with the

indicated on this report or supplemental report is of the corporation or the receiver or trustee employers.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered

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filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

de and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if