

# 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # S90131

1. Entity Name

**HIGH POINT C ROOFING COMPANY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 10 AM 10:18

00081713



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>1985 NW 88TH COURT<br>SUITE 101<br>MIAMI FL 33172 | Mailing Address<br>1985 NW 88TH COURT<br>SUITE 101<br>MIAMI FL 33172 |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 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 | 65-0291459 | Applied For | Not Applicable |
|---------------|------------|-------------|----------------|

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

**TRUEBA, CARLOS**  
1985 NW 88TH COURT  
SUITE 101  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
City **FL** Zip Code

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 *Lorenzo Camargo* DATE **8-24-00**  
Signature, typed or printed name of registered agent and title if applicable (Not if Registered Agent signature required when reinstating)

|  |   |   |                             |
|--|---|---|-----------------------------|
| 8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$550.00</b><br>After SEPTEMBER 13, 2000 Min. will be \$750.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

11. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>CAMARGO, LORENZO</b><br><b>5775 CORAL WAY</b><br><b>MIAMI FL 33155</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>ROMERO, RODOLFO</b><br><b>1040 SPRING GARDEN RD.</b><br><b>MIAMI FL 33136</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 *Lorenzo Camargo* DATE **8-24-00** DAYTIME PHONE # **705-261-5402**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)