2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am **DOCUMENT # V61565 Secretary of State** 1. Entity Name LAUMAR ROOFING SOUTH, INC. 01-25-2001 90018 001 ***150.00 Principal Place of Business Mailing Address PO BOX 1006 PO BOX 1006 FT. LAUDERDALE FL 33302 FT. LAUDERDALE FL 33302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0357300 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 800 SW 21ST TERRACE FT. LAUDERDALE FL 33312 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. Change ☐ Addition CR2E034 (10/00) **PST** TITLE ☐ Delete TITLE NAME NAME BAEZ, JOSE STREET ADDRESS STREET ADDRESS PO BOX 1006 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33302 ☐ Change ☐ Addition TITLE TITLE NAME NAME GODOY, JOSE STREET ADDRESS STREET ADDRESS 4820 SW 75TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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-7IP CITY-ST-7IP 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:

M So Jose Too GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/20/01

95 9-32/18335 Devtime Phone #