

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90011 027 ***550.00

DOCUMENT # V61747

1. Entity Name
PESTANA ROOFING SERVICES, INC.

Principal Place of Business Mailing Address

615 CLAREMORE DR **615 CLAREMORE DR**
W PALM BEACH FL 33401 **W PALM BEACH FL 33401**
US **US**

2. Principal Place of Business 3. Mailing Address

1136 14th Ave N. *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

1

City & State City & State

Lake Worth, FL

Zip Country Zip Country

33460 *Palm Bch.*

4. FEI Number **65-0339529** Applied For

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PESTANA, ALFREDO J
1929 INDIAN RD.
WEST PALM BEACH FL 33406

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE	P <input type="checkbox"/> Delete
NAME	PESTANA, ALFREDO J
STREET ADDRESS	4985 GULFSTREAM RD
CITY-ST-ZIP	LAKE WORTH FL 33461
TITLE	D <input type="checkbox"/> Delete
NAME	PESTANA, RAFAEL A
STREET ADDRESS	1929 INDIAN RD.
CITY-ST-ZIP	LAKE CLARKE SHORS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4985 Gulfstream Rd.</i>
CITY-ST-ZIP	<i>L.W. FL. 33463</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]* **SIGNATURE REQUIRED** *Pestana*

Date: *7-24-00* Daytime Phone #: *(561) 585-0541*

CR2E034 (5/00)