

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739216

*Amended*

05-31-2000 90076 025 \*\*\*\*\*61:25

FILED 739216

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 27 AM 11:19



DO NOT WRITE IN THIS SPACE

1. Entity Name

ROGCAB WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7327 NW 8TH ST.  
MIAMI FL 33126  
US

7327 NW 8TH ST.  
MIAMI FL 33126-2921  
US

2. Principal Place of Business

*7329 NW 8 Street*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami, FL*

City & State

*"*

4. FEI Number

*59-1818339*

Applied For

Not Applicable

Zip

*33126*

Country

*Dade*

Zip

*"*

Country

*"*

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERREIRO, GEORGINA M  
7327 N.W. 8TH ST.  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name *Carlos Porro*

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

*7329 NW 8 Street*

City

*Miami*

FL

Zip Code

*33126*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*5/22/00*  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERREIRO, MIGUEL	
STREET ADDRESS	7327 NW 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PORRO, LOURDES	
STREET ADDRESS	7329 NW 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	FERREIRO, GEORGINA M	
STREET ADDRESS	7327 NW 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Porro	
STREET ADDRESS	7329 NW 8 Street	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes Porro	
STREET ADDRESS	7329 N.W. 8 Street	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Lizama	
STREET ADDRESS	7335 NW 8th Street	
CITY-ST-ZIP	MIAMI, FL 33126	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/22/00*

Date

Daytime Phone #

*305-274-5287*

CP2E037 (9/99)

*6/7*