

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90018 001 \*\*\*\*70.00



**DOCUMENT # 739216**

1. Entity Name  
**ROGCAB WAREHOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**7329 NW 8TH ST.  
MIAMI FL 33126  
US**

Mailing Address  
**7329 NW 8TH ST.  
MIAMI FL 33126  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1818339**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORRO, CARLOS  
7329 NW 8TH ST.  
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carlos Porro*

(NOTE: Registered Agent signature required when reinstating)

DATE

*01/03/03*

**FILE NOW: FEE IS \$61.25** ✓

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PORRO, CARLOS</b>	
STREET ADDRESS	<b>7329 NW 8TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PORRO, LOURDES</b>	
STREET ADDRESS	<b>7329 NW 8TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>DTS</b>	<input type="checkbox"/> Delete
NAME	<b>LIZAMA, JOSE</b>	
STREET ADDRESS	<b>7335 NW 8TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 supplementary 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]* **REQUIRED**

*01/03/03*

*305-274-5287*

CR2E037 (10/02)