2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
02-09-2000 90221 006 ***158.75

913245

DO NOT WRITE IN THIS SPACE

DOCUMENT # M60828

1. Entity Name

ROCAMAR ENGINEERING SERVICES, INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON SUITE 202 CORAL GABLES FL 33134 US	12764 N.W. 9TH TERRACE MIAMI FL 33498-6704

2. Principal Place of Business		3. Mailing Address	
~~220~~ 2275 S Federal Hwy		2275 S Federal Hwy	
Suite, Apt. #, etc. 350		Suite, Apt. #, etc. 350	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country West Palm	Zip 33483	Country West Palm

4. FEI Number 65-0026730 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARDENAL, BERNARDO
12764 NW 9TH TERRACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name: Cardenal Bernardo
Street Address (P.O. Box Number is Not Acceptable): 20555 Sausalito Dr
City: Boca Raton, FL Zip Code: 33498

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] DATE: 1-29-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARDENAL, BERNARDO	NAME	
STREET ADDRESS	~~12764 NW 9TH TERRACE~~ 20555 Sausalito Dr	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33182~~ Boca Raton, FL 33498	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] Date: 1-29-2000 Daytime Phone #: 561-266-5891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)