

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90045 018 \*\*\*158.75

**DOCUMENT # P02000092754**

1. Entity Name  
**ROG REALTY, INC.**



Principal Place of Business  
**12441 S.W. 21ST LANE  
MIAMI FL 33175**

Mailing Address  
**C/O IVAN A. GOMEZ, P.A.  
601 BRICKELL KEY DRIVE, SUITE 507  
MIAMI FL 33131**



2. Principal Place of Business  
**8042 West 21st Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hialeah, Florida**

City & State

4. FEI Number  
**30-0131330**

Applied For  
Not Applicable

Zip  
**33016**

Country  
**Miami-Dade**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC.  
601 BRICKELL KEY DRIVE, SUITE 507  
MIAMI FL 33131**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RODRIGUEZ, GUSTAVO J**  
STREET ADDRESS **12441 S.W. 21ST LANE**  
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ Delete  
NAME **MUNOZ, JUAN O**  
STREET ADDRESS **7013 CROWNGATE PLACE**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **D** ☐ Delete  
NAME **HECTOR, RICHARD**  
STREET ADDRESS **14361 N.W. 83RD AVENUE**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **8042 West 21st Avenue**  
STREET ADDRESS **Hialeah, Florida 33016**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
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STREET ADDRESS **Hialeah, Florida 33016**  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 607, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 371-9213**

CR2E034 (10/02)