FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ROCKINVEST INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8190 NW 66th STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33166 | Country

3. Mailing Address
8190 NW 66th STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33166 | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0726331 | Applied For | Not Applicable

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name   FRANCISCO VALDES

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

8190 NW 66th STREET

City   MIAMI   FL   Zip Code 33166

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 _____   3/21/02

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	OCERIN, JOSE MIGUEL	NAME	
STREET ADDRESS	8190 NW 66 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	VPSD	TITLE	
NAME	SAUCEDO, FERNANDO	NAME	
STREET ADDRESS	8190 NW 66 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	DESAUCEDO, REBECA M	NAME	
STREET ADDRESS	8190 NW 66 ST	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/8/02   305-593-0587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #