## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 20, 2002 8:00 am Secretary of State **DOCUMENT #** P98000017400 1. Entity Name 05-20-2002 90083 041 \*\*\*150.00 **ROCKY FIRM CORPORATION** Principal Place of Business Mailing Address 5171 S UNIVERSITY DR 5341 S.W. 186TH AVENUE DAVIE FL 33328 FORT LAUDERDALE FL 33322 2. Principal Place of Business 3. Mailing Address 5341 SW 186TH AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3498370 FORT LAUDERDALE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEKTIK KONG, SHEK K Street Address (P.O. Box Number is Not Acceptable) 5341 S.W. 186TH AVENUE FORT LAUDERDALE FL 33322 City FORT LAUDERDALE 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME KONG, SHEK K KONG, SHEK K 5341 SW186TH AVE NAME STREET ADDRESS 5341 S.W. 186TH AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33322 CITY-ST-ZIP FORT LAUDERDALE FL33332 TITLE ☐ Delete TITLE Change ☐ Addition NAME KONG. EUNICE NAME KONG, EUNICE \$341 SW 1867H AVENUE STREET ADDRESS 5341 S.W. 186TH AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33322 CITY-ST-ZIP FORT LAUDERDALE FL33332 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS