

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 271479**

1. Entity Name

RO-LEN LAKE GARDENS "R" CORPORATION**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90012 048 ***150.00

Principal Place of Business
**714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009**Mailing Address
**714 SOUTHWEST 11TH AVENUE
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0966885**

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

**VESCE, JOSEPH
920 SW 10TH TERRACE
R-2
HALLANDALE FL 33009**

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.

SIGNATURE

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	VESCE, JOSEPH	920 SW 10TH TERR 2	HALLANDALE FL 33009	<input type="checkbox"/>
STD	VESCE, RITA	920 SW 10TH TERR APT. 2	HALLANDALE FL	<input type="checkbox"/>
DVP	BISSETT, JACKIE	920 SW 10TH TERR APT 6	HALLANDALE, FL 00000	<input type="checkbox"/>
PD	VINETTE, JOCOLYN	920 SW 10 TERR HR21	HALLANDALE FL	<input type="checkbox"/>
D	GAMBINO, WILLIAM	920 SW 10TH TERR R3	HALLANDALE FL	<input checked="" type="checkbox"/>
D	ROOKASIN, GILBERT	920 S.W. 10TH TERR.	HALLANDALE FL 33009	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)