

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 342806

1. Entity Name

ROLINDO CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

2927 S W 23RD ST
6 UNITS APT BLDG
MIAMI FL 33145
US

2927 S W 23RD ST
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1284745

Applied For
Not Applicable

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

ROQUE, MANUEL
2927 SW 23 ST
MIAMI FL 33145

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

TITLE PD
NAME ROQUE, MANUEL
STREET ADDRESS 2927 SW 23 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S
NAME ROQUE, JOSEFINA
STREET ADDRESS 2927 SW 23 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME ROQUE, JOSEFINA
STREET ADDRESS 2927 SW 23 ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S
NAME MEFFEN, JEANETTE
STREET ADDRESS 7841 SW 95TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

JAN 15/01

Date

Daytime Phone #

305
443-3081

CR2E034 (10/00)

0181883

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90017 038 ***155.00



DO NOT WRITE IN THIS SPACE