

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 412625

1. Entity Name

ROGAR, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90024 045 ***150.00

Principal Place of Business

12769 W. FOREST HILL BLVD., STE. E.
WELLINGTON FL 33414

Mailing Address

12769 W. FOREST HILL BLVD., STE. E.
WELLINGTON FL 33414-4759

2. Principal Place of Business

12773 W. FOREST HILL

Suite, Apt. #, etc.

SUITE 1201

City & State

WELLINGTON FL

Zip

33414

Country

USA

3. Mailing Address

12773 W. FOREST HILL

Suite, Apt. #, etc.

SUITE 1201

City & State

WELLINGTON FL

Zip

33414

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1513430

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, JOHN
12769 W. FOREST HILL
SUITE E
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

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

12773 W. FOREST HILL

SUITE 1201

City

WELLINGTON

FL

Zip Code

33414

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	COLE, ALEXANDER	
STREET ADDRESS	625 AVENUE RD. #901	
CITY-ST-ZIP	TORONTO, CANADA M4V 2K7	
TITLE	SV	<input type="checkbox"/> Delete
NAME	COLE, BEATRICE	
STREET ADDRESS	625 AVENUE RD., #901	
CITY-ST-ZIP	TORONTO, CANADA M4V 2K7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/4/2000

Date

416-483
4157

Daytime Phone #

CR2E034 (9/99)