2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # 522351** 1. Entity Name ROQUE BROS., CORP. 04-27-2001 90241 031 ***150.00 Principal Place of Business Mailing Address 5646 N.W. 35TH COURT 5646 N.W. 35TH COURT MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1700338 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent. Name ROQUE, ROBERTO F Street Address (P.O. Box Number is Not Acceptable) 5646 N.W. 35TH COURT **MIAMI FL 33142** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PVD TITL F ☐ Change ☐ Addition TITLE ☐ Delete ROQUE, ROBERTO F NAME NAME 5646 NW 35TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL STD Addition TITLE ☐ Delete TITLE ☐ Change ROQUE, MARINA NAME NAME 5646 NW 35TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Delete ☐ Change TITLE TITLE ☐ Addition ROQUE, ROBERTO A NAME NAME 5646 NW 35TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE ☐ Change ☐ Addition ROQUE, RAUL NAME NAME STREET ADDRESS 5646 NW 35TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empowered to execute this report as required by Charles changed, or on an attachment with an address, with all other like empowered. the same legal effect as if made under oath; that I am an officer or director of 50. Florida Statutes; and that my name appears in Block 11 or Block 12 if