

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0226794 AV

DOCUMENT # 564073

1. Entity Name

ROGA ENTERPRISES, INC.

01-21-2002 90053 044 ***150.00

Principal Place of Business

**666 71ST STREET
 MIAMI BEACH FL 33141**

Mailing Address

**666 71ST STREET
 MIAMI BEACH FL 33141**

2. Principal Place of Business

2017 S. OCEAN DR.

3. Mailing Address

2017 S. OCEAN DR.

Suite, Apt. #, etc.

APT. 1401

Suite, Apt. #, etc.

APT. 1401

City & State

HALLANDALE FL.

City & State

HALLANDALE FL.

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

4. FEI Number

59-1786950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUMSON, RICHARD P PA
 2450 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete
 NAME **MAZLIACH, GABRIEL**
 STREET ADDRESS **2017 S. OCEAN DRIVE**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE **V** ☐ Delete
 NAME **MAZLIACH, HEDVIGA**
 STREET ADDRESS **2017 S. OCEAN DRIVE**
 CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

GABRIEL MAZLIACH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 954-458-8198

CR2E034 (9/01)