

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29997**

1. Entity Name

ROLLING HILLS MANAGEMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33

Principal Place of Business

**3501 WEST ROLLING HILLS CIRCLE
DAVIE FL 33328**

Mailing Address

**3501 WEST ROLLING HILLS CIRCLE
DAVIE FL 33328-1944**

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

65-0186035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ROTH, JOEL L PA
301 YAMATO RD, SUITE 1200
NORTHERN TRUST PLAZA
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Carlos Reyes, Esq.**

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

Montero Finizio Velazquez & Reyes, P.A.

200 Southeast Ninth Street

City

Ft. Lauderdale, Florida

FL

Zip Code

33316

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)

5/31/00

DATE

9. Capital Contributions

\$7,500.00

as Shown on record

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L66948**
NAME **ROLLING HILLS MGMT, INC.**
STREET ADDRESS **3501 W ROLLING HILLS CIR**
CITY - ST - ZIP **DAVIE FL**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/00

Date

954-475-0400

Daytime Phone #