**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am Secretary of State **DOCUMENT #** F37117 1. Entity Name 02-26-2002 90051 045 \*\*\*150.00 SOUTH ROCK, INC. Principal Place of Business Mailing Address 16621 W TROON CIR 16221 W TROON CIR MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2096926 Not Applicable Zip Country 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 GONZALEZ, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 16221 W TROON CIRCLE MIAMI LAKES FL 33014 City Zip Code FL 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, 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, 2002 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition TITLE Delete GONZALEZ, JOSE A. NAME NAME STREET ADDRESS 16221 W TROOM CIRCLE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition GONZALEZ, JOSE A. NAME NAME STREET ADDRESS 16221 W TROON CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Delete TITLE TITLE Change Addition NAME MERCEDES SONZALEZ NAME STREET ADDRESS STREET ADDRESS 16221 W TROOM CINCLE CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES 74 3 Doller TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 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.