

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90443 002 ***158.75

DOCUMENT # G87900

1. Entity Name
ROLFE ADVERTISING, INC.



Principal Place of Business

~~2650 WEST 04 ST.~~
HIALEAH FL 33016

Mailing Address

~~2650 WEST 04 ST.~~
HIALEAH FL 33016

(Change of Add.)

Principal Place of Business

17720 N.W. 12 AVE

3. Mailing Address

17720 N.W. 12 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33169

Country

Zip

33169

Country

4. FEI Number

59-2401022

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WILLIAMS, TAMELA
1200 N.W. 17TH AVE.
FORT LAUDERDALE FL 33311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WILLIAMS, TAMELA**
STREET ADDRESS **1200 N.W. 17TH AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **DVP** ☐ Delete
NAME **ROLFE, EVELYN B**
STREET ADDRESS **17720 NW 12TH AVE.**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **ST** ☐ Delete
NAME **WILLIAMS, TAMELA**
STREET ADDRESS **4521 NW 176 STREET**
CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIG [Signature] Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 305 621 7523

Date

Daytime Phone #

CR2E034 (10/02)