

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19374

1. Entity Name

ROCA GOLD JEWELRY, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90115 008 ***150.00

80006843



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% CARLOS I. MORALES 930 BELVEDERE RD WEST PALM BEACH FL 33405		% CARLOS I. MORALES 930 BELVEDERE RD WEST PALM BEACH FL 33405-1112	
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 **59-2729061** ☐ Applied For ☐ Not Applied For

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, CARLOS I.
930 BELVEDERE RD
WEST PALM BEACH FL 33405

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORALES, CARLOS I.	
STREET ADDRESS	121 GRANADA ST	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORALES, MANUELA	
STREET ADDRESS	121 GRANADA ST	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORALES, ROLANDO	
STREET ADDRESS	829 CHERRY RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL CARMEN PEREZ, RAQUEL	
STREET ADDRESS	188 CORDOBA CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____