## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 25, 2002 8:00 am Secretary of State DOCUMENT # J68344 1. Entity Name ROHRER PROPERTIES, INC. 03-25-2002 90189 015 \*\*\*150.00 Principal Place of Business Mailing Address C/O CECIL T. FARRINGTON C/O CECIL T. FARRINGTON 1995 EAST OAKLAND PARK BLVD., SUITE 110 1995 EAST OAKLAND PARK BLVD., SUITE 110 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 98-0093736 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6.\_Name and Address of Current Registered Agent -- Name and Address of New Registered Agent بـ. 7-FARRINGTON, CECIL T Street Address (P.O. Box Number is Not Acceptable) C/O CECIL T. FARRINGTON, ATTORNEY AT LAW 1995 EAST OAKLAND PARK BLVD., SUITE 110 FORT LAUDERDALE FL 33306 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME ROHRER, ANNA R NAME STREET ADDRESS 10 WITMATTSRASSE STREET ADORESS 2540 GRENCHEN SWITZERLAND CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D'Delete TITLE: Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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

**FILED**