

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90035 002 \*\*\*\*50.00

**DOCUMENT # L00000014801**

1. Entity Name  
**RORIRA, LLC**

Principal Place of Business  
**10041 PINES BLVD., SUITE C  
 PEMBROKE PINES FL 33024**

Mailing Address  
**10041 PINES BLVD., SUITE C  
 PEMBROKE PINES FL 33024**

**945899**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10067 PINES BLVD.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Suite A**

Suite, Apt. #, etc.

City & State  
**Pembroke Pines**

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip **33024** Country **USA**

Zip Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZEOLI, K  
 10041 PINE BLVD.  
 PEMBROKE PINES FL 33024**

Name **ZEOLI, K**

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

**10067 PINES BLVD, SUITE A**

City **PEMBROKE PINES FL** Zip Code **33024**

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 **K Zeoli K. Zeoli**

**4/17/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FREKAT, INC. SUITE C, 10041 PINES BLVD. PEMBROKE PINES FL 33024</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FREKAT, INC SUITE A, 10067 PINES BLVD. PEMBROKE PINES, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **K Zeoli, President Frekat, Inc** **4/17/02** **954136-5625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)