

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-03-2003 90319 049 ***150.00

DOCUMENT # L00788

1. Entity Name
ROPER INVESTMENTS CORP.



Principal Place of Business
717 PONCE DE LEON BLVD.
SUITE 319
CORAL GABLES FL 33134
US

Mailing Address
717 PONCE DE LEON BLVD.
SUITE 319
CORAL GABLES FL 33134
US

2. Principal Place of Business Calle
Rafael Augusto Sanchez
No. 44

3. Mailing Address c/o Leonidas
Rodriguez, EPS P.O. Box
02-5261

Suite, Apt. #, etc.
Torre Blanca, Piso #10

Suite, Apt. #, etc.
Miami, Florida

City & State NACO, Santo
Domingo, Rep. Dominicana

City & State
Miami, Florida

Zip Country
Dominican Republic

Zip Country
33102-5261 USA

4. FEI Number 65-0149181

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

MARTELL, PEDRO F
717 PONCE DE LEON BLVD.
SUITE 319
CORAL GABLES FL 33134

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **RODRIGUEZ, LEONIDAS**
STREET ADDRESS **RAFAEL AGUSTO SANCHEZ 44**
CITY-ST-ZIP **NACO, DOM REP**

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

TITLE **VP** ☒ Delete
NAME **MARTELL, PEDRO F**
STREET ADDRESS **717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **VP** ☐ Delete
NAME **RODRIGUEZ, DORALISE**
STREET ADDRESS **RAFAEL AGUSTO SANCHEZ 44**
CITY-ST-ZIP **NACO, DOM REP DP**

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

TITLE **EXVP** ☐ Delete
NAME **RODRIGUEZ, ROBERTO E**
STREET ADDRESS **RAFAEL AGUSTO SANCHEZ 44**
CITY-ST-ZIP **NACO, DOM REP DP**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:
Leonidas Rodriguez, President

1/13/03

(809)565-1633

Date

Daytime Phone #

CR2E034 (10/02)