

# 2002 UNIFORM BUSINESS-REPORT (UBR)

DOCUMENT # **L37434**

1. Entity Name  
**ROENCA - DADE, INC.**

**FILED**  
**02 APR 29 PM 2:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business

**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2199 Ponce De Leon Blvd.**

Suite, Apt. #, etc.

**Suite # 200**

City & State  
**Coral Gables, Florida**

Zip  
**33134-**

Country  
**US**

3. Mailing Address

**2199 Ponce De Leon Blvd.**

Suite, Apt. #, etc.

**Suite # 200**

City & State  
**Coral Gables, Florida**

Zip  
**33134**

Country  
**US**

4. FEI Number  
**65-0162128**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC**  
**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

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.

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

**AMADA CANTERA LOPEZ, President**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/02**

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, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**LOPEZ-CANTERA, CARLOS C** ☐ Delete  
**7415 NW 7TH STREET**  
**MIAMI FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**ENCINOSA, ROLANDO J JR** ☐ Delete  
**7401 N.W. 7TH STREET**  
**MIAMI FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**2199 Ponce De Leon Boulevard, Suite 200**  
**Coral Gables, Florida 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**2199 Ponce De Leon Boulevard, Suite 200**  
**Coral Gables, Florida 33134**

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **4/26/02** Daytime Phone #

CR2E034 (9/01)