

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90008 003 \*\*\*150.00

**DOCUMENT # L49705**

1. Entity Name  
**ROCKS PARADISE COVE, INC.**

Principal Place of Business

**84001 OVERSEAS HWY  
 ISLAMORADA FL 33036  
 US**

Mailing Address

**P. O. BOX 1904  
 ISLAMORADA FL 33036  
 US**

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 **65-0171656**

Applied For

Not Applicable

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

**GIULIANO, S. J. CAMPOLON  
 MILE MARKER 84.5  
 ISLAMORADO FL 33036**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DP  
 GIULIANO, S. J. CAMPOLON  
 MILE MARKER 84.5  
 ISLAMORADA FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
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 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)(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

9/8/01 305664-4726

Date

Daytime Phone #

CR2E034 (5/01)

6/19/10 AT

Attachment  
D#LL49705  
ATW87025

Florida Dept Of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

Re: FEI 65-0171656  
Rocks Paradise Cove, Inc.

Please be advised this was received for the first time today Saturday September 8, 2001 and I am sending it out the same day. Don't know why I did not receive it earlier. Please correct records to show this was the only report I received. I should not have to pay a late fee or have my corporation dissolved if I never received the report to file. Enclosed is my check in the amount of \$150.00.

Thank You,

Steven Giuliano

