

2001 UNIFORM BUSINESS REPORT (UBR)

0008272 AF

DOCUMENT # L99000005039

1. Entity Name
ROCK SECURITY, L.L.C.

APPROVED
AND
FILED

01 MAY -2 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7386 N.W. 8TH STREET
MIAMI FL 33126

Mailing Address
7386 N.W. 8TH STREET
MIAMI FL 33126



2. Principal Place of Business

3. Mailing Address
PO BOX 524132

Suite, Apt. #, etc.

Suite, Apt. #, etc.
MIAMI, FLORIDA

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip
33152

Country
USA

4. FEI Number
65-0949582

Applied For
Not Applicable

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

AMADOR, ROLANDO A ESQ.
C/O AMADOR & AMADOR, P.A.
780 N.W. LEJEUNE ROAD, SUITE 423
MIAMI FL 33126-5536

Name
NUNEZ, ALEJANDRO, ESQ
Street Address (P.O. Box Number is Not Acceptable)
250 GIRALDA AVENUE
City
CORAL GABLES FL Zip Code
33134

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.

ALEJANDRO NUNEZ
(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM SOLIS, FERNANDO S III
7386 N.W. 8TH STREET
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM JOFRE, BARTOLOME
7386 N.W. 8TH STREET
MIAMI FL 33126 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004325887 ☐ Change ☐ Addition
-05/29/01--01131--005
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **FERNANDO SOLIS / PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-01 305-7746222

CR2E083 (11/00)