

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90081 042 ***150.00

DOCUMENT # M13204

1. Entity Name

Rofred Limited Corporation

DO NOT WRITE IN THIS SPACE

755559

2. Principal Place of Business
701 Ponce de León Ave.

3. Mailing Address
701 Ponce de Len Ave.

Suite, Apt. #, etc.
Suite 407

Suite, Apt. #, etc.
Suite 407

City & State
San Juan, PR

City & State
San Juan, PR

Zip
00907

Country

Zip
00907

Country

4. FEI Number
59-2619955

Applied For
Not Applicable

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
del Valle, Manuel R.

Street Address (P.O. Box Number is Not Acceptable)
7270 N.W. 12th St.

Suite 761

City
Miami

FL

Zip Code
33126

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
D/P/S/T
Quiñonez, Alfredo M.
STREET ADDRESS
701 Ponce de León Ave., Suite 407
CITY - ST - ZIP
San Juan, PR 00907

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfredo M. Quiñonez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfredo M. Quiñonez

787-721-1140

Date

Daytime Phone #