2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M27851 ROCK POWER CORPORATION** Principal Place of Business Mailing Address 9750 S.W. 45TH STREET 9750 S.W. 45TH STREET MIAMI FL 33165-5762 MIAMI FL 33165. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zin

Country

DELGADO, ROBERTO

9750 S.W. 45TH STREET **MIAMI FL 33165**

9. This corporation is eligible to satisfy its Intangible

DELGADO, CARMEN

9750 S.W. 45TH ST.

MIRABENT, MARIA C.

DELGADO, CARMEN

9750 SW 45TH ST.

MIRABENT, MARIA

MIAMI FL 33183

14031 KENDALE LAKES BLVD.

14031 KENDALL LAKES BLVD.

MIAM! FL 33165

MIAMI FL 33183

MIAMI FL

Tax filing requirement and elects to do so.

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME

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TITI F NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

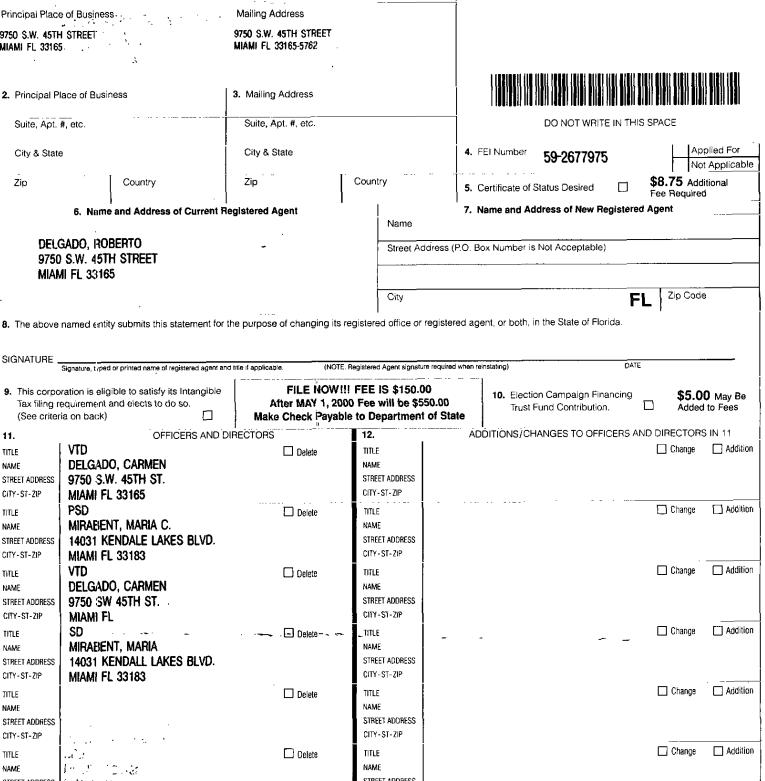
CITY-ST-ZIP

CITY-ST-ZIP

Name

FILED Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90064 019 ***150.00



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 bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADORESS CITY-ST-ZIP

Zio

SIGNATURE,

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

VTD

PSD