

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90100 049 ***150.00

DOCUMENT # M27851

1. Entity Name
ROCK POWER CORPORATION

Principal Place of Business

9750 S.W. 45TH STREET
 MIAMI FL 33165

Mailing Address

9750 S.W. 45TH STREET
 MIAMI FL 33165

2. Principal Place of Business

5600 SW 135 Ave.

3. Mailing Address

5600 SW 135 Ave

Suite, Apt. #, etc.

215

City & State

Miami, FL

Suite, Apt. #, etc.

215

City & State

Miami, FL

Zip

Country

33183 US

Zip

Country

33183 US

6. Name and Address of Current Registered Agent

DELGADO, ROBERTO
 9750 S.W. 45TH STREET
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Delgado, Roberto

Street Address (P.O. Box Number is Not Acceptable)

18450 SW 122 ST

City

Miami

FL

Zip Code

33196

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

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

2-12-01
 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 \$150.00
After MAY 1, 2001 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 **VTD** ☐ Delete
 NAME **DELGADO, CARMEN**
 STREET ADDRESS **9750 S.W. 45TH ST.**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PSD** ☐ Delete
 NAME **MIRABENT, MARIA C.**
 STREET ADDRESS **14031 KENDALE LAKES BLVD.**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VTD** ☐ Delete
 NAME **DELGADO, CARMEN**
 STREET ADDRESS **9750 SW 45TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete
 NAME **MIRABENT, MARIA**
 STREET ADDRESS **14031 KENDALL LAKES BLVD.**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *Maria Mirabent* - Maria Mirabent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01 305-551-1478
 Date Daytime Phone #

CR2E034 (10/00)