2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am M27851 DOCUMENT # Secretary of State 1. Entity Name **ROCK POWER CORPORATION** 02-18-2002 90010 040 ***150.00 Principal Place of Business Mailing Address 5600 SW 135 AVE 5600 SW 135 AVE 215 MIAM! FL 33183 **MIAMI FL 33183** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2677975 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7 - Name and Address of New Registered Agent _6._Name and Address of Current Registered Agent DELGADO, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 18450 SW 122 STREET MIAM! FL 33196 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE Delete DELGADO, CARMEN NAME NAME 9750 S.W. 45TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY-ST-7IP CITY-ST-7IE ☐ Addition Change TITLE ☐ Delete TITLE MIRABENT, MARIA C. NAME NAME 14031 KENDALE LAKES BLVD. STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP Belgado, Carmen 18450 Sw 122-6+. Delete TITLE DELGADO, CARMEN NAME NAME 9750 SW 45TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITL F MIRABENT, MARIA NAME NAME 14031 KENDALL LAKES BLVD. STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP __ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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:

CITY-ST-7IP

CITY-ST-7IP