

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90534 021 ***150.00

DOCUMENT # M56403

1. Entity Name
ROCKY CREEK VILLAGE, INC.



Principal Place of Business

~~8020 W 20 AVE~~
~~HALEAH FL 33010~~
~~US~~

Mailing Address

P O BOX 26-6815
WESTON FL 33326
US

10014180



2. Principal Place of Business

12445 S.W. 46 STREET
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number **59-2306189**

Applied For
Not Applicable

Zip **33175** Country **US**

Zip Country

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

6. Name and Address of Current Registered Agent

BERNARD, RICHARD
8020 W 20 AVE
HALEAH FL 33010

7. Name and Address of New Registered Agent

Name **DONNA MOLE**
Street Address (P.O. Box Number is Not Acceptable)

12445 S.W. 46 STREET
City **MIAMI** **FL** Zip Code **33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donna Mole* PRES **DONNA MOLE** 1-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☐ Delete
NAME **MOLE, DONNA**
STREET ADDRESS **12445 SW 46TH ST.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **STD** ☐ Delete
NAME **BERNARD, RICHARD**
STREET ADDRESS **P O BOX 26-6815**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard P. Bernard* SECRETARY-TREAS 1-15-03 (305) 559-7868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)