

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M62816

1. Entity Name

ROCO ENTERPRISES OF NORTH AMERICA, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90429 035 ***150.00

Principal Place of Business

1221 BRICKELL AVENUE
STE 1470
MIAMI FL 33131
US

Mailing Address

1221 BRICKELL AVENUE
STE 1470
MIAMI FL 33131-3259
US

2. Principal Place of Business

1221BRICKELL AVENUE

3. Mailing Address

1221BRICKELL AVENUE

Suite, Apt. #, etc.

9th FLOOR

Suite, Apt. #, etc.

9th FLOOR

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTUARIA, ANA L
1221 BRICKELL AVENUE
SUITE 1470
MIAMI FL 33131

Name

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

1221BRICKELL AVENUE - 9th FLOOR

MIAMI - FLORIDA

FL

Zip Code
33131

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPARICA, PAULO AV. BRIG. FARIA LIMA, 2100 SAO PAULO, SP BRAZIL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPARICA, PAULO AV. BRIG. FARIA LIMA, 1355 SAO PAULO, SP BRAZIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00

Date

(305) 372-0844

Daytime Phone #

CR2E034 (9/99)