

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000007258****1. Entity Name**
THE ROKER FOUNDATION, INC.**Principal Place of Business**
10666 NE 10TH COURT
MIAMI SHORES FL 33138
Mailing Address
10666 NE 10TH COURT
MIAMI SHORES FL 33138**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State**Zip** **Country** **Zip** **Country****4. FEI Number** ☒ **Applied For**
☐ **Not Applicable****5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ROKER THEOPHILUS H**
10666 NE 10TH COURT
MIAMI SHORES FL 33138**7. Name and Address of New Registered Agent****Name**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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** **09/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) **DATE****FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	DS <input type="checkbox"/> Delete
NAME	NEWCHURCH SHIRLEY
STREET ADDRESS	544 NW 62ND STREET APT 3
CITY-ST-ZIP	MIAMI FL 33138
TITLE	DT <input type="checkbox"/> Delete
NAME	DAVIS ANDREA LATOYA
STREET ADDRESS	1160 NW 109TH STREET
CITY-ST-ZIP	MIAMI FL 33168
TITLE	DV <input type="checkbox"/> Delete
NAME	BETHEL DAMIAN L
STREET ADDRESS	8290 NW 5TH AVE
CITY-ST-ZIP	MIAMI FL 33150
TITLE	DP <input type="checkbox"/> Delete
NAME	ROKER THEOPHILUS H
STREET ADDRESS	10666 NE 10TH COURT
CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES ROSLYN
STREET ADDRESS	4331 NW 194 STREET
CITY-ST-ZIP	MIAMI FL 33054
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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 617, 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:** **THEOPHILUS H. ROKER** **DP** **09/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)