2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030041

1. Entity Name

ROLIFT INC.

Principal Place of Business	Mailing Address
7891 W FLAGLER ST NO. 402 MIAMI FL 33144-2376	7891 W FLAGLER ST NO. 402 E MIAMI FL 33144-2376

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6923 CYPRESS RD.
Suite, Apt. #, etc.
B-14
City & State
PLANTATION, FL
Zip 33317 Country USA

3. Mailing Address
6923 CYPRESS RD.
Suite, Apt. #, etc.
B-14
City & State
PLANTATION, FL
Zip 33317 Country USA

4. FEI Number
65-0993494
Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

NICOLAS-RODRIGUEZ, DIEGO
7891 W FLAGLER ST NO. 402
MIAMI FL 33144-2376

7. Name and Address of New Registered Agent

Name
ULPIANO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
6923 CYPRESS RD
NO. B-14
City PLANTATION FL Zip Code 33317

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 ✗ ULPIANO RODRIGUEZ 4/20/01
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, 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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **PSD** NAME **RODRIGUEZ, DIEGO NICHOLAS** STREET ADDRESS **7891 W FLAGLER ST NO. 402** CITY-ST-ZIP **MIAMI FL 33144-2376**		☒ Delete	TITLE PSD NAME ULPIANO RODRIGUEZ STREET ADDRESS 6923 CYPRESS RD. No. B-14 CITY-ST-ZIP PLANTATION, FL 33317		☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E034 (10/00)

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: ✗ 4/20/01 (954) 7926401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #