

FILED

Jul 27, 2001 8:00 am
Secretary of State

06-22-2001 90068 029 ***150.00

07-27-2001 90001 006 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038532

1. Entity Name

RED ROCK CITY, INC.

Principal Place of Business

545 SOUTH FORT LAUDERDALE BEACH BLVD.
UNIT 1004
FORT LAUDERDALE FL 33316-1624

Mailing Address

POST OFFICE BOX 30265
FORT LAUDERDALE FL 33303

2. Principal Place of Business

429 SEABREEZE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 225

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

4. FEI Number

65-1000149

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

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 State10. 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	PSD WHITFIELD, MARK A 545 SOUTH FORT LAUDERDALE BEACH BLVD. FORT LAUDERDALE FL 33316-1624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POPP, MARC 545 SOUTH FORT LAUDERDALE BEACH BLVD. FORT LAUDERDALE FL 33316-1624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PEREZ, CARLOS 545 SOUTH FORT LAUDERDALE BEACH BLVD. FORT LAUDERDALE FL 33316-1624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHNNIE PEREZ	<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	429 SEABREEZE, SUITE 225 FORT LAUDERDALE, FL 33316-1632	<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	DIRECTOR JOHNNIE PEREZ 429 SEABREEZE BLVD, SUITE 225 FORT LAUDERDALE, FL 33316-1632	<input type="checkbox"/> Change <input checked="" 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:

Mark Whitfield

Mark Whitfield

3-6-2001

(305) 609-9699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
Doc# P00000038532



A0079605

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 22, 2001

RED ROCK CITY, INC.
POST OFFICE BOX 30265
FORT LAUDERDALE, FL 33303

Subject: RED ROCK CITY, INC.

Reference P00000038532
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MP
ANNUAL REPORTS SECTION