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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # P00000052449** 1. Entity Name FERNANDO L. ROIG AND ASSOCIATES, P.A. 04-11-2001 90068 016 ***150.00 Principal Place of Business Mailing Address 6835 GIRALDA CIRCLE 6835 GIRALDA CIRCLE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 312 SE 17+17 STREET 3. Mailing Address SE 17th STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SECOND FLOOR SECOND FLOOR City & State City & State 4. FEI Number Applied For FORT LAUDERDALF FORT LAUDERDALS 65-1011119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ternando L. hoia CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) na Floor 236 EAST 6TH AVENUE TALLAHASSEE FL 32303 and audernate t lauderdave 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. Fernando L. Roig able. (NOTE: Registered Agent signature required when reinstating) SIGNATURE ne of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROIG, FERNANDO L NAME NAME STREET ADDRESS STREET ADDRESS 6835 GIRALDA CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

Fernando L.

SIGNATURE: