

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90154 029 ***150.00

DOCUMENT # P00000052449

1. Entity Name
ROIG, KASPEROVICH & TUTAN, P.A.



Principal Place of Business
**312 SE 17TH ST
SECOND FL
FORT LAUDERDALE FL 33316-2524**

Mailing Address
**312 SE 17TH ST
SECOND FL
FORT LAUDERDALE FL 33316-2524**



2. Principal Place of Business
**1255 S. MILITARY TRL
(Suite) Apt. #, etc.
100**

3. Mailing Address
**1255 S. MILITARY TRL
(Suite) Apt. #, etc.
100**

☒ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BCH, FL
Zip
33442
Country
USA

City & State
DEERFIELD BCH FL
Zip
33442
Country
USA

4. FEI Number **65-1011119**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROIG, FERNANDO L
312 SE 17TH ST
2ND FLOOR
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **ROIG, FERNANDO L**
Street Address (P.O. Box Number is Not Acceptable)
**1255 S. MILITARY TRL
STE 100**
City **DEERFIELD BCH FL** Zip Code **33442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4-2-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROIG, FERNANDO L 6835 GIRALDA CIRCLE BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03 **954.462.0330**

Date Daytime Phone #

CR2E034 (10/02)