

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059277

1. Entity Name
ROC SOLUTIONS, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90052 040 ***550.00

0142366 SP

Principal Place of Business
1232 MANATEE AVENUE
CORAL GABLES FL 33146

Mailing Address
1232 MANATEE AVENUE
CORAL GABLES FL 33146

2. Principal Place of Business
1232 MANATI AVENUE

3. Mailing Address
1232 MANATI AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

4. FEI Number
65-1017109

Applied For
Not Applicable

Zip Country
33146 USA

Zip Country
33146 USA

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

6. Name and Address of Current Registered Agent

HERNANDEZ, ANTONINO G
9350 SOUTH DIXIE HIGHWAY 10TH FLOOR
MIAMI FL 33156

7. Name and Address of New Registered Agent

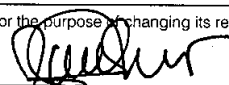
Name
CHAO, RAUL O.

Street Address (P.O. Box Number is Not Acceptable)

1232 MANATI AVENUE

City CORAL GABLES FL Zip Code 33146

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/3/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME ☐ Delete
D CHAO, RAUL O.
STREET ADDRESS 1232 MANATEE AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
D CHAO, RAUL O.
STREET ADDRESS 1232 MANATI AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:  SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/2001

(305) 669-0711

Date

Daytime Phone #

CR2E034 (5/01)