🕰 001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P00000066055 ROKA - USA, INC. 01-26-2001 90082 047 ***150.00 Principal Place of Business Mailing Address 507 FAIRWOOD AVE #244 507 FAIRWOOD AVE #244 CLEARWATER FL 33759 CLEARWATER FL 33759 LUUUU3404 2. Principal Place of Business 3. Mailing Address 7502 Hitchell Ranch Rd Ranch Pa Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3657585 Richard Sew Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Pasco 34655 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Fernander, FERNANDEZ, ROBERTO. Street Address (P.O. Box Number is Not Acceptable) 507 FAIRWOOD AVE #244 **CLEARWATER FL 33759** changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statemer for the purpose a (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy is 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. 12. President/CEO TITLE ☐ Delete TITLE Roberto Fernandez 7502 Hitchell Randh Rd. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New Port Pichay, FL 34655 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information aupplied 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