

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90430 048 ***150.00

DOCUMENT # P00000067465

1. Entity Name

ROVIN, INC.

DO NOT WRITE IN THIS SPACE

93718

2. Principal Place of Business
20846 S.W. 123 AVE.

3. Mailing Address
1005 S.W. 87TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
81-0549288

☒ Applied For
☐ Not Applicable

Zip
33177

Country
USA

Zip
33174

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LAZARO RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
20846 S.W. 123 AVE.

City
MIAMI
FL
Zip Code
33174

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.

LAZARO RODRIGUEZ-DIRECTOR

4/30/02

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	D LAZARO RODRIGUEZ 20846 S.W. 123 AVE. MIAMI, FL. 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN CARLOS VINA 20846 S.W. 123 AVE. MIAMI, FL. 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all power thereto.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZARO RODRIGUEZ-DIRECTOR

4/30/02

305-266-0575

Date

Daytime Phone #