

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90068 031 ***150.00

0373766 AV

DOCUMENT # P00000074782

1. Entity Name
NYROCA, INC.



Principal Place of Business
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394

Mailing Address
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2565598**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARDIN, DAVID C
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BROOKS, SHELDON V**
STREET ADDRESS **1475 NEAL AVENUE**
CITY-ST-ZIP **DELANO MN 55328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Katherine M. Serfaty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.15.03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90136820
#D00000074782

HOLLYBROOK & CO.

1450 U.S. TRUST BUILDING

730 SECOND AVENUE SOUTH

MINNEAPOLIS, MINNESOTA 55402

MICHAEL P. HOLLERN

KATHERINE M. LEIGHTON

PHONE 612-752-1773

FAX 612-752-1780

May 15, 2003

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: SHELDON V & CARROLL C BROOKS FOUNDATION
NYROCA, INC.

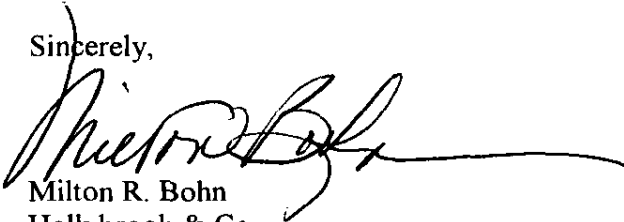
Attached are the 2003 Uniform Business Reports for the above mentioned organizations. Due to my own oversight, I inadvertently setup these items for payment on for a May 15, 2003 due date.

I assure you that there was no intent to defraud the State of Florida of the annual filing fees. I do ask for a reprieve in assessment of the penalty associated with the late filing of these forms.

Please direct any reply to my attention via telephone to 612-752-1779 or via email to mbohn@brooksinc.net.

Thanking you in advance for your understanding and cooperation.

Sincerely,



Milton R. Bohn
Hollybrook & Co.