

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/21

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90120 024 \*\*\*150.00

**DOCUMENT #** P00000079579

1. Entity Name

ROQUE INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

6555 NW 36 ST STE 302 6555 NW 36 ST STE 302  
VIRGINIA GARDENS FL 33166 VIRGINIA GARDENS FL  
33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1033529

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OMAR ROQUE

6555 NW 36 ST STE 302  
VIRGINIA GARDENS FL 33166

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.

SIGNATURE

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

(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) ☒**FILE NOW!!! FEE IS \$150.00****AFTER MAY 1, 2001 Fee will be \$550.00****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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
OMAR ROQUE  
13238 SW 256 TERRACE  
PRINCETON FL 33032 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/P  
LESBIA ROQUE  
13238 SW 256 TERRACE  
PRINCETON FL 33032 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP  
☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
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☐ DeleteTITLE  
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CITY-ST-ZIP  
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STREET ADDRESS  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

APRIL 22/01 (786) 265-7228

5/11/01

CR2E034 (11/00)