

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-21-2002 90875 021 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00600079579

1. Entity Name

ROQUE INTERNATIONAL CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6595 NW 36 ST3. Mailing Address
6595 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302 117

302 117

City & State (VIRGINIA GARDENS)
FL 33166City & State (VIRGINIA GARDENS)
FL 33166Zip
33166Country
USAZip
33166Country
USA4. FEI Number
65-1033529

Applied For

Not Applicable

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name OMAR ROQUE

Street Address (R.O. Box Number is Not Acceptable)
6595 NW 36 ST SUITE 302 117

City VIRGINIA GARDENS FL Zip Code 33166

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) ☒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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	OMAR ROQUE
STREET ADDRESS	13238 SW 256 TERRACE
CITY-STATE-ZIP	PRINCETON FL 33032

TITLE	V/P
NAME	LESBIA ROQUE
STREET ADDRESS	13238 SW 256 TERRACE
CITY-STATE-ZIP	PRINCETON FL 33032

TITLE	
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CR2E0348 (12/01)

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 other like empowered.

SIGNATURE:

OMAR ROQUE

(786) 265-7228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #