

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

Amended
FILED

DOCUMENT #

1. Entity Name

Ripple Rock Inc.

000 000088655

02 OCT 15 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600008436196
10/18/02--01002--009 **61.25

2. Principal Place of Business

2436 N. Fed. Hwy

3. Mailing Address

2436 N. Federal Hwy.

Suite, Apt. #, etc.

368

Suite, Apt. #, etc.

368

City & State

Lighthouse Pt., FL

City & State

Lighthouse Pt., FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. FEI Number

65-1041402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ronald Drake

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

2436 N. Fed. Hwy # 368

City

Lighthouse Point

FL

Zip Code

33064

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] - P

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/02

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
P.
Ronald Drake
2436 N. Fed. Hwy.
Lighthouse Pt., FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.
Carlos Dray
2436 N. Fed. Hwy. # 368
Lighthouse Pt., FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
Jose Reyes
2436 N. Fed. Hwy # 368
Lighthouse Pt., FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02

Date

984-783-1743

Daytime Phone #

CR2E034B (12/01)