

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095644

1. Entity Name
MOCK & ROLL, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90091 032 ***150.00

Principal Place of Business
2100 PONCE DE LEON BLVD., #1203
CORAL GABLES FL 33134

Mailing Address
2100 PONCE DE LEON BLVD., #1203
CORAL GABLES FL 33134

2. Principal Place of Business
4913 SW 74th CT
Suite, Apt. #, etc.

3. Mailing Address
4913 SW 74th CT
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1089440

Applied For
Not Applicable

Zip
33155

Country
USA

Zip
33155

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLANUEVA, FRANCISCO
2100 PONCE DE LEON BLVD., #1203
CORAL GABLES FL 33134

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 _____ (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 **D** ☐ Delete
NAME **VILLANUEVA, FRANCISCO**
STREET ADDRESS **2100 PONCE DE LEON BLVD., #1203**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **President** ☒ Change ☐ Addition
NAME **Francisco Villanueva**
STREET ADDRESS **4913 SW 74th CT.**
CITY-ST-ZIP **Miami, FL 33155**

TITLE **D** ☐ Delete
NAME **VILLANUEVA, LILIANA**
STREET ADDRESS **2100 PONCE DE LEON BLVD., #1203**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **Director** ☒ Change ☐ Addition
NAME **Liliana Villanueva**
STREET ADDRESS **4913 SW 74th CT.**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Marketing Vice-President** ☐ Change ☒ Addition
NAME **Luisana Salazar**
STREET ADDRESS **4913 SW 74th CT.**
CITY-ST-ZIP **Miami, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liliana Villanueva

4/24/01

Date

(205) 298-7737

Daytime Phone #

CR2E034 (10/00)