

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90052 039 ***150.00

DOCUMENT # P00000095766

1. Entity Name
ROLAB CORPORATION

Principal Place of Business
12970 NW 9TH LANE
MIAMI FL 33182

Mailing Address
12970 NW 9TH LANE
MIAMI FL 33182

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 65-1050340

Applied For

Not Applicable

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

DE LA ROSA, HIRALDO F
12970 NW 9TH LANE
MIAMI FL 33182

Name
BEATRIZ DE LA ROSA
Street Address (P.O. Box Number is Not Acceptable)
12970 N.W. 9th Lane

City Miami

FL

Zip Code 33182

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 *Beatriz de la Rosa*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-02

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, 2002 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 **DE LA ROSA, HIRALDO F**
STREET ADDRESS **12970 NW 9TH LANE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **D/P** ☐ Change ☒ Addition
NAME **BEATRIZ DE LA ROSA**
STREET ADDRESS **12970 N.W. 9th Lane**
CITY-ST-ZIP **Miami, Florida 33182**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beatriz de la Rosa*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

Daytime Phone #

CR2E034 (9/01)