

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90212 043 ***150.00

DOCUMENT # P00000097816

1. Entity Name
ROCHY DEVELOPMENT CORP.

Principal Place of Business
888 BRICKELL AVE. 5TH FLOOR
MIAMI FL 33131

Mailing Address
888 BRICKELL AVE. 5TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
650 WEST AVE

3. Mailing Address
650 WEST AVE

Suite, Apt. #, etc.
APT 2108

Suite, Apt. #, etc.
APT 2108

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

Zip
33139

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1060113**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAEZ, PEDRO P
888 BRICKELL AVE, 5TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **PIERO DYER**

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

650 WEST AVE APT 2108

City **MIAMI BEACH**

FL

Zip Code **33139**

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 *Piero Dyer* **PIERO DYER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/16/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ **Delete**
NAME **CORIAT, ROSA A**
STREET ADDRESS **100 PALM AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **T** ☐ **Delete**
NAME **DYER, PIERO M**
STREET ADDRESS **100 PALM AVE**
CITY-ST-ZIP **MIAMI FL 33139**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

Rosa Coriat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002

Date

Daytime Phone #

(305) 673 2229

CR2E034 (9/01)