

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116299

1. Entity Name

ROCKINVEST USA HOLDINGS, INC.

Principal Place of Business

Mailing Address

8190 NW 66TH STREET
MIAMI FL 33166

8190 NW 66TH STREET
MIAMI FL 33166

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

65-0726331

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

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM 25 SE 2ND AVENUE
MIAMI FL 33131

Name GARIBE NATIONAL REALTY CORP.

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

8190 N.W. 66th Street

City

Miami

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OCERIN, JOSE MIGUEL
8190 N.W. 66th Street → ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miami, FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SAUCEDO, FERNANDO
8190 N.W. 66th Street → ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miami, FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DESAUCEDO, REBECA M
8190 N.W. 66th Street → ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miami, FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

JOSE M. OCERIN
President

April 24, 2001

(305) 448-8811

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/00)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-14-2001 90164 001 ***300.00



DO NOT WRITE IN THIS SPACE