

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State
 04-15-2002 90010 010 ***150.00

0277570 AV

DOCUMENT # P01000016050

1. Entity Name

ROCAR ENTERPRISES, INC.

Principal Place of Business

**12095 SOUTHWEST 18TH STREET
 SUITE 6
 MIAMI FL 33175**

Mailing Address

**12095 SOUTHWEST 18TH STREET
 SUITE 6
 MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12095-SW 18th st

Suite, Apt. #, etc.

6

City & State

Miami, FL

Zip

33175

Country

U.S.A

3. Mailing Address

12095 SW 18th st

Suite, Apt. #, etc.

6

City & State

Miami FL

Zip

33175

Country

U.S.A

4. FEI Number

65-1077169

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

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, 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

TITLE **PSD** ☐ Delete
 NAME **FERNANDEZ, ROSA E**
 STREET ADDRESS **12095 SOUTHWEST 18TH STREET**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VTD** ☒ Delete
 NAME **FERNANDEZ, CARLOS R**
 STREET ADDRESS **12095 SOUTHWEST 18TH STREET**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **Rosa Fernandez**
 STREET ADDRESS **12095 SW 18th st # 6**
 CITY-ST-ZIP **Miami, FL 33175**

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

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

TITLE ☐ Change ☐ Addition
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 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

Rosa Fernandez **Rosa Fernandez** **04/01/02 (305) 229-9645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)