

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

0192147 AV

**DOCUMENT # P01000044678**

1. Entity Name  
**ROCIO'S ROOFING & REPAIRS, INC.**



Principal Place of Business  
11241 NW 34TH PLACE  
CORAL SPRINGS FL 33065

Mailing Address  
11241 NW 34TH PLACE  
CORAL SPRINGS FL 33065



2. Principal Place of Business

3. Mailing Address

**5549 N. State Rd 7** **5549 N. State Rd 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tamara, FL**

City & State  
**Tamara, FL**

4. FEI Number **65-1100814**

Applied For  
Not Applicable

Zip **33319** Country **U.S.**

Zip **33319** Country **U.S.**

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

**NOFIL, JOSEPH K PA**  
**3284 NORTH STATE ROAD 7**  
**LAUDERDALE LAKES FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MAGHAN, ROCIO	
STREET ADDRESS	11241 NW 34TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PHILIPSBORN, JOHN	
STREET ADDRESS	5356 NW 5TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROCIO MAGHAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1753-0529**  
Date Daytime Phone #

CR2E034 (10/02)