

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90128 003 \*\*\*150.00

**DOCUMENT # P01000045151**

1. Entity Name  
**ROLDAN ENTERPRISES, INC.**



Principal Place of Business  
**4855 DISTRIBUTION COURT  
UNIT 9  
ORLANDO FL 32822**

Mailing Address  
**4855 DISTRIBUTION COURT  
UNIT 9  
ORLANDO FL 32822**

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 **80-0009032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROLDAN, PETER  
4855 DISTRIBUTION COURT  
UNIT 9  
ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name **NILDA RIOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**4855 DISTRIBUTION COURT**  
**UNIT 9**  
City **ORLANDO, FL 32822** FL Zip Code **32822**

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 *Nilda Rios* **Nilda Rios**

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

(NOTE: Registered Agent signature required when reinstating)

**Jan 30, 2003**  
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

TITLE **D** ☐ Delete  
NAME **ROLDAN, PETER**  
STREET ADDRESS **7971 SAGEBRUSH PLACE**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Delete  
NAME **ROLDAN, TANYA M**  
STREET ADDRESS **1594 EAST FORKS RD.**  
CITY-ST-ZIP **BAY SHORE FL 11706**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR / PRES** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **VP / SEC / TREAS** ☐ Change ☒ Addition  
NAME **NILDA RIOS**  
STREET ADDRESS **7981 MERRINAC COVE DR**  
CITY-ST-ZIP **ORLANDO, FL 32822**

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

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

TITLE ☐ Change ☐ 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: *Nilda Rios* **Nilda Rios**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 30, 2003** **407-273-6366**  
Date Daytime Phone #

CR2E034 (10/02)