

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90058 020 ***150.00

DOCUMENT # *PD1000071011*

1. Entity Name
The Rock Enterprises of Miami, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15754 SW 100 Terr
Suite, Apt. #, etc.

3. Mailing Address
15754 SW 100 Terr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33196
Country
USA

City & State
MIAMI FL
Zip
33196
Country
USA

4. FEI Number
65-1122517
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LUISA M Ferretti
Street Address (P.O. Box Number is Not Acceptable)
15754 SW 100 Terr
City
MIAMI FL Zip Code
33196

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 *Luisa M Ferretti* (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)

**January 1 - May 1. Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D LUISA M FERRETTI 15754 SW 100 Terr MIAMI FL 33196</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Luisa M Ferretti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (786) 586 0232
Daytime Phone #

CR2E034B (12/01)