2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am § Secretary of State P01000076951 DOCUMENT # 1. Entity Name 03-07-2002 90021 012 ***150.00 ROHER ENTERPRISES, INC. Principal Place of Business Mailing Address 250 LAYNE BLVD. #305 250 LAYNE BLVD. #305 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address 715 OPA lockA BIVD. SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1131136 MIAMI FLORIDA SAME Not Applicable - Gountry -- Country \$8:75 Additional 5. Certificate of Status Desired *3*3168 MIAMI - DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROJO, JORGE E ROJO, JORGE E Street Address (P.O. Box Number is Not Acceptable) 2350 W.E 135 ST. Apt. 705 250 LAYNE BLVD. #305 HALLANDALE FL 33009 Zip Code 33/8 MiAMi 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) FILE NOW!!! FEE IS-\$150.00 ---9. This corporation is eligible to satisfy its Intangible = 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE JORGE E. ROJO ROJO, JORGE E NAME NAME 715 OPA LOCKA BLVD. 250 LAYNE BLVD. #305 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL. 33168 HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED