

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

DOCUMENT # *P01000090652*

1. Entity Name

ROI HAR General Services, Inc

FILED

03 JUL -3 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13537 SW 19th Ave

Suite, Apt. #, etc.

3. Mailing Address

13537 SW 19th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1139512

Applied For

Not Applicable

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.A.

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

Rodolfo Bergolla

Street Address (P.O. Box Number is Not Acceptable)

13537 SW 19th Ave

City *Miami*

FL

Zip Code

33175

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/2/03

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

*President
Rodolfo Bergolla
13537 SW 19th Ave
Miami, FL 33175*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

500021463765

07/10/03--01060--011 **150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/03
Date

(786) 2586213
Daytime Phone #

7/7

Aspire Distributions Inc.
2918 NW 72nd Avenue
Miami, FL 33122

June 25, 2003

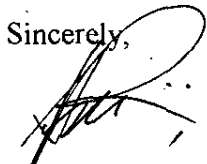
State of Florida
Department of State
Tallahassee, FL

Department of State:

I formed this corporation on July of 2002. I am a non resident, so shortly after I left the country. I have just arrived, and my attorney furnished me the corporation only to find out the annual filing was late.

Please abate the late filing fee this one time since this was out of my control.
Thank you in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gil R. De Freitas Rodriguez', written over a horizontal line.

Gil R. De Freitas Rodriguez