

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90128 034 ***150.00

DOCUMENT # P01000116846

1. Entity Name
ROAL CONSTRUCTION, INC.



Principal Place of Business
8101 CRESPI BLVD #204
MIAMI BCH FL 33141

Mailing Address
8101 CRESPI BLVD #204
MIAMI BCH FL 33141



2. Principal Place of Business
8101 CRESPI BLVD.

3. Mailing Address

Suite, Apt. #, etc.
#204

Suite, Apt. #, etc.

City & State
Miami Beach

City & State

Zip
33141

Country
FL

Zip

Country

4. FEI Number
65-1159403

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

MORTALE, MARCELO D
8101 CRESPI BLVD #204
MIAMI BCH FL 33141

7. Name and Address of New Registered Agent

Name
MARCELO DARIO MORTALE
Street Address (P.O. Box Number is Not Acceptable)
8101 CRESPI BLVD. #204
City
Miami Beach **FL** Zip Code
33141

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 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MORTALE, MARCELO D 8101 CRESPI BLVD #204 MIAMI BCH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 - 959-957-0920
Date Daytime Phone #

CR2E034 (10/02)