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2002	UNII	OKM BUS	INESS REPU	KI (UDK	<u>)                                    </u>	Eab 20 20	002 8.0	0 0 000
DOCUMENT # P0100			00120649			Feb 28, 2002 8:00 am Secretary of State		
ROCK NO	E, INC.					02-28-2002 900		
			, ,	ı				
Principal Place	e of Business		Mailing Address					
3006 AVIATION AVE. #4B			3006 AVIATION AVE. #48					
COCONUT GR	OVE FL 33133		COCONUT GROVE FL 331	33				
2. Principal Pl	lace of Busine	PSS	3. Mailing Address	i				0 3  0   <b>3</b>      3
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State			City & State			OI- 056947	<i>1</i>	plied For at Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current	t Registered Agent		7. 1	Name and Address of New Regis	tered Agent	
رم بسر ال			್ . ಈ ವಿಷ್ಣಾಘ್ಯಕ್ಷಿಗೆ ಹ	Name	ome s	5-Keisman		
SISSON, I		NTDV I N		Street Add	dress (P.O.E	Box Number is Not Acceptable)	74 4B	
218 SOUTHERN COUNTRY LN. QUINCY FL 32351					-			
<b>GB</b> (0) 1	_ 0200.			<b>≱</b> fty	-1		FL 357	2 2
				LOC!		ent as both in the State of Elevide		وي
8. The above	named entity	submits this statement i	or the purpose of changing its	registered blilde or r	egistered ag	gent, or both, in the State of Florida.	1.1	
SIGNATURE _				ELOME	ر ک	SEZSMAN	2/000	<u></u>
	Signature, typed o	printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature	e required when re	einstating)	DATE /	
	•	ole to satisfy its Intangible		!! FEE IS \$150.00		10. Election Campaign Financin	ng _ <b>\$5.0</b>	О Мау Ве
~	equirement a ia on back)	nd elects to do so.	Make Check Payab	D2 Fee will be \$55 le to Department		Trust Fund Contribution.	∐ Added	I to Fees
11.		OFFICERS AND	D DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE	DPST		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	GRANIT, F	rank Iond Terrace		NAME STREET ADDRESS				
CITY-ST-ZIP	WESTON I			· CITY-ST-ZIP			<u> </u>	
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS				
CITY-ST-ZIP				. CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME				NAME		ా ా మాముద్దాన	ether extended and	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	Addition
NAME				NAME				
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				
			□ Delete	TITLE			☐ Change	Addition
TITLE NAME			Li Delete	NAME		,		
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CITY-ST-ZIP				CITY-ST-ZIP	•		[] (h	Addition
TITLE NAME			Delete	TITLE NAME			☐ Change	☐ Addition
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.

SIGNATURE: