

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0298873 AV

DOCUMENT # P02000012595

1. Entity Name
CM ROCCA CORPORATION



04-28-2003 90307 018 ***150.00

Principal Place of Business
516 15TH STREET APT 25
MIAMI BEACH FL 33139

Mailing Address
516 15TH STREET APT 25
MIAMI BEACH FL 33139

11060606



2. Principal Place of Business

1568 Washington Ave #37

3. Mailing Address

1568 Washington Ave

Suite, Apt. #, etc.

37

Suite, Apt. #, etc.

37

☐ CHECK HERE IF MAKING CHANGES

City & State

MB FL

City & State

MB FL 33139

4. FEI Number

04-3615536

Applied For

Not Applicable

Zip

33139

Country

US

Zip

33139

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCCA, CARLOS M
516 15TH STREET APT 25
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Rocca, Carlos M

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

1568 Washington Ave Apt 37

City

Miami Beach

FL

Zip Code

33139

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME P
STREET ADDRESS Carlos M Rocca
CITY-ST-ZIP 1568 Washington Ave
Miami Beach, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2003

Date

(305) 534-0446

Daytime Phone #

CR2E034 (10/02)