

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

02-24-2003 91139 001 *****8.75
02-24-2003 91139 002 ***150.00

DOCUMENT # P02000016813

1. Entity Name
ROGERS BUILDERS, INC.



Principal Place of Business
1314 E LAS OLAS BLVD STE 333
FT LAUDERDALE FL 33301

Mailing Address
1314 E LAS OLAS BLVD STE 333
FT LAUDERDALE FL 33301

2. Principal Place of Business
4700 SW 61st Ave
Suite, Apt. #, etc.
DAVIE, FL.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

35314 **Country**
Brazil

Zip **Country**

4. FEI Number
E 45-0466240

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

ROGERS, WILLIAM M
1314 E LAS OLAS BLVD STE 333
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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, 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **ROGERS, WILLIAM M**
STREET ADDRESS **1314 E LAS OLAS BLVD STE 333**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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
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CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 (954) 524-7665
Date Daytime Phone #

CR2E034 (10/02)