

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90251 046 ***158.75

DOCUMENT # P02000068145

1. Entity Name
ROG & ASSOCIATES, INC.



Principal Place of Business
**POST OFFICE BOX 0155
MIAMI FL 33265**

Mailing Address
**C/O IVAN A. GOMES ESQ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI FL 33131**

2. Principal Place of Business
8042 West 21st Avenue

3. Mailing Address
c/o Ivan A. Gomez, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City and State
Hialeah, Florida

City and State

4. FEI Number
01-0732619

Applied For

Not Applicable

Zip
33016

Country

Miami-Dade

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, GUSTAVO J
12441 S.W. 21ST LANE
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name
IAG CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive
Suite# **507**
City **Miami** FL Zip Code **33131**

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. **IAG CORPORATE SERVICES, INC.**

SIGNATURE By: **Ivan A. Gomez, President**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/03

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	PD RODRIGUEZ, GUSTAVO J POST OFFICE BOX 0155 MIAMI FL 33265	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HECTOE, RICHARD POST OFFICE BOX 0155 MIAMI FL 33265	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8042 West 21st Avenue Hialeah, Florida 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD HECTOR 8042 West 21st Avenue Hialeah, Florida 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Gustavo J. Rodriguez, President

(305) 371-9213

Date Daytime Phone #