

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90310 024 ***150.00

DOCUMENT # P02000100152

1. Entity Name
ROTU MIAMI CORPORATION



Principal Place of Business
2534 EAGLE RUN CT
WESTON FL 33327

Mailing Address
2534 EAGLE RUN CT
WESTON FL 33327

55640486



2. Principal Place of Business
Sawgrass Hills Mall
Suite, Apt. #, etc.
12801 W Sunrise Blvd

3. Mailing Address
11015 NW 39th St # 203
Suite, Apt. #, etc.

City & State
Sunrise, Florida

City & State
Sunrise, FL

4. FEI Number
550805283

Applied For
☐ **Not Applicable**

Zip
33323

Country
Broward

Zip
33351

Country
Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MECO, LEDA D
2534 EAGLE RUN CT
WESTON FL 33327

Name *OUAHIBA SNAOINI*

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

11015 NW 39th # 203

City *SUNRISE*

FL

Zip Code *33351*

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]

04-23-03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *DP* ☐ Delete
NAME *OUH, OUA H*
STREET ADDRESS *11169 NW 39 ST APT #201*
CITY-ST-ZIP *SUNRISE FL 33351*

TITLE *ouahiba Smaoui* ☒ Change ☐ Addition
NAME *ouahiba Smaoui*
STREET ADDRESS *11015 NW 39th St # 203* (P)
CITY-ST-ZIP *Sunrise, FL, 33351*

TITLE *DV* ☐ Delete
NAME *SAMIA, BEN G*
STREET ADDRESS *11169 NW 39 ST APT #201*
CITY-ST-ZIP *SUNRISE FL 33351*

TITLE *Samia Ben Ouahiba* ☒ Change ☐ Addition
NAME *Samia Ben Ouahiba*
STREET ADDRESS *11015 NW 39th St # 203* (VP)
CITY-ST-ZIP *Sunrise, FL, 33351*

TITLE *DST* ☐ Delete
NAME *MECO, LEDA D* (T)
STREET ADDRESS *2534 EAGLE RUN CT*
CITY-ST-ZIP *WESTON FL 33327*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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)

4/17/03

Date

9547099055

Daytime Phone #

CR2E034 (10/02)