

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO2000/21631**

1. Entity Name

ROLFF ENTERPRISES, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 15 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 FORT LAUDERDALE BEACH BLVD

3. Mailing Address

425 FORT LAUDERDALE BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700023264147
09/23/03--01001--013 **150.00

DO NOT WRITE IN THIS SPACE

MRD

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE, FLORIDA

4. FEI Number

43-1982716

Applied For

Not Applicable

Zip

33316

Country

Zip

33316

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

UWE RORDER

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

425 FORT LAUDERDALE BEACH BLVD

City

FORT LAUDERDALE

FL

Zip Code

33316

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 resigning.)

9/8/03

DATE

January 1 - May 1 Fee is \$350.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
UWE RORDER
425 FORT LAUDERDALE BEACH BLVD
FORT LAUDERDALE, FLORIDA 33316**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

DATE

Daytime Phone #

CR2E034B (12/02)

ROLFF ENTERPRISES, INC.
425 FORT LAUDERDALE BEACH BOULEVARD
FORT LAUDERDALE, FLORIDA 33316
954-462-1008

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

September 5, 2003

Gentlemen:

Yesterday, I visited the office of my C.P.A. for him to prepare my 2002 Corporation Income Tax Returns..

While looking thru my papers, he found that I did not receive the my annual report, nor did I know to pay it since it was my first year in business. I moved from my original location to the address listed above, and the form was never forwarded to me for payment.

I called your office and I could not speak to a representative, so I downloaded the form for completion, which is attached.

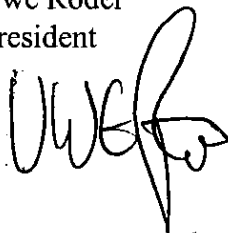
Please do not charge me any penalty, as business has been very bad for me and I am on the verge of closing.

Please accept the completed uniform business report attached and the enclosed check made payable to Department of State in the amount of \$ 150.00.

Your attention to this matter is greatly appreciated.

Yours Truly,

Uwe Roder
President

A handwritten signature in black ink, appearing to read 'Uwe Roder', is written over the printed name and title.