

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90058 017 ***550.00

DOCUMENT #

P25909

1. Entity Name

ROALS INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% Trizel Real Estate

Suite, Apt. #, etc.

250 Catalonia Ave, #305

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

% Trizel Real Estate

Suite, Apt. #, etc.

250 Catalonia Ave, #305

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. FEI Number

59-2062644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tom Chialastri

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

250 Catalonia Avenue, #305

City

Coral Gables,

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

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 PD
NAME Smith, Rosa Rivera de
STREET ADDRESS 2100 S. Bayshore Drive
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE STD
NAME Smith, Rivera, Anna G.
STREET ADDRESS 250 Catalonia Ave, #305
CITY-ST-ZIP Coral Gables, FL 33134

TITLE D
NAME Weidwenbaum, Jaclyn C
STREET ADDRESS 250 Catalonia Ave, #305
CITY-ST-ZIP Coral Gables, FL 33134

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)