

2000 UNIFORM BUSINESS REPORT (UBR)

0189065

DOCUMENT # P93000013807

1. Entity Name

RALPH ROCHETEAU & ASSOCIATES, INC.

FILED

00 MAR 17 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5757 NW 11TH STREET
SUITE 160
MIAMI FL 33126

5757 NW 11TH STREET
SUITE 160
MIAMI FL 33126-2035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0523556

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROCHETEAU, RALPH
5757 NW 11TH STREET
SUITE 160
MIAMI FL 33126

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROCHETEAU, RALPH
STREET ADDRESS 5757 NW 11 STREET #160
CITY-ST-ZIP MIAMI FL 33126



TITLE T
NAME ARMENTA, ROSARIO
STREET ADDRESS 1615 SW 22ND AVE, #6
CITY-ST-ZIP MIAMI FL 33175



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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CITY-ST-ZIP



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TITLE V T D
NAME Armenta, Rosario
STREET ADDRESS 1615 SW 22 AVE, # 6
CITY-ST-ZIP Miami, Fl. 33175



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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TITLE
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STREET ADDRESS
CITY-ST-ZIP



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13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Feb 2000

Date

305-262
0547

Daytime Phone #

CR2E034 (9/99)