

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90067 034 ***158.75

DOCUMENT # P93000013807

1. Entity Name
RALPH ROCHETEAU & ASSOCIATES, INC.

Principal Place of Business Mailing Address
5757 NW 11TH STREET **5757 NW 11TH STREET**
SUITE 160 **SUITE 160**
MIAMI FL 33126 **MIAMI FL 33126**

00018868



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10305 NW 41 Street **10305 NW 41 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 111 **Suite 111**

City & State City & State
Miami, Florida **Miami, Florida**

4. FEI Number Applied For
65-0523556 Not Applicable

Zip Country Zip Country
33178 **USA** **33178** **USA**

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

6. Name and Address of Current Registered Agent
ROCHETEAU, RALPH
5757 NW 11TH STREET
SUITE 160
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name
Ralph Rocheteau
 Street Address (P.O. Box Number is Not Acceptable)
10305 NW 41 Street
Suite 111
 City State Zip Code
Miami **FL** **33178**

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 *Ralph Rocheteau* *Ralph Rocheteau* *13 Feb 2001*
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD ROCHETEAU, RALPH 5757 NW 11TH STREET X 160 MIAMI FL 33126X
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VTD ARMENTA, ROSARIO 10305 NW 41 STREET X 111 MIAMI FL 33178X
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ralph Rocheteau 10305 NW 41 Street, Suite 111 Miami, Florida 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rosario Armenta 10305 NW 41 Street Suite 111, Miami, Florida 33178
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

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: *Ralph Rocheteau* *Ralph Rocheteau* *January 10, 2001* *(305) 952-0516*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)