

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2001 90071 015 ***150.00

DOCUMENT # P93000040082

1. Entity Name

ROCA & SON, INC.

Principal Place of Business

**6405 NW 200 ST
 MIAMI FL 33015**

Mailing Address

**6405 NW 200 ST
 MIAMI FL 33015**

2. Principal Place of Business

11890 NW 87TH ST

Suite, Apt. #, etc.

B-4

3. Mailing Address

16161 NW 83 PL

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33018

Country

USA

Zip

33016

Country

USA

6. Name and Address of Current Registered Agent

**ROCA, RAIMUNDO A
 6405 NW 200 ST
 MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

ROCA, RAIMUNDO A.

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

16161 NW 83 PL

City

MIAMI

FL

Zip Code

33016

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, 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 **PD** ☐ Delete
 NAME **ROCA, RAIMUNDO**
 STREET ADDRESS **6405 NW 200TH STREET**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VD** ☐ Delete
 NAME **ROCA, ADA**
 STREET ADDRESS **6405 NW 200TH STREET**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **16161 NW 83 PL**
 CITY-ST-ZIP **MIAMI, FL 33016**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **16161 NW 83 PL**
 CITY-ST-ZIP **MIAMI, FL 33016**

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

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:

Ada Roca
Ada Roca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/01 (305) 820-0803

Date

Daytime Phone #

CR2E034 (10/00)