## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P93000074058 1. Entity Name ROCKETERIAS DISTRIBUTORS, INC. 05-19-2002 90159 005 \*\*\*150.00 Principal Place of Business Mailing Address 1408 NW 82ND AVENUE 9600 NW 25TH ST MIAMI FL 33126 STE 3F MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State \_\_City & State\_\_\_\_\_ -4.-FEI-Number-Applied For 65-05 13585 Zip Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent MESA, MANUEL ARTHUR ESQ Street Address (P.O. Box Number is Not Acceptable) 37TH FLOOR NATIONS BANK TOWER 100 SOUTHEAST 2ND ST **MIAMI FL 33131** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete NAME CALDERON, GABRIEL A ☐ Addition STREET ADDRESS 1408 NW 82ND AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change MESA, MANUEL ARTHUR ☐ Addition NAME STREET-ADDRESS 100 SE 2ND ST 37TH FL NAT-BK TOWER STREET ADDRESS: CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 changed or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS \*

CITY: ST-ZIP

(9/01)