2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 12, 2002 8:00 am P94000014946 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 90997 017 ***158.75 ROLLER STAR CORPORATION Principal Place of Business Mailing Address 6351 NW 28TH WAY 6351 NW 28TH WAY SUITE C SUITE C FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0470028 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CECCOFIGLIO, DAVID Street Address (P.O. Box Number is Not Acceptable) 2200 NE 62 CT FT LAUDERDALE FL 33308 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 ☐ Change Addition TITLE TITLE ☐ Delete ORTI RUIZ, JAMIE NAME NAME STREET ADDRESS CALLE MANISES, 1 STREET ADDRESS 76970 ALACUAS VALENCIA SPAIN CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME UCIEDA.JOSE LUIS. STREET ADDRESS **AVDA COMARQUES VALENCIANES 119** STREET ADDRESS 46930 QUART DE POBLET V SPAI CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □.Delete TITLE TITLE NAME ROS, JOSE L NAME STREET ADDRESS STREET ADDRESS AVDA COMARQUES VALENCIANES 119 CITY-ST-ZIP CITY-ST-ZIP 46930 QUART DE POBLET V SPAI [Change ☐ Addition ☐ Delete TITLE TITI F **GM** CECCOFIGLIO, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 2200 NE 62 CT. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appowered.

OFFICER OR DIRECTOR

HE AND TYPED OR PRINTED NAME OF

FILED

2-11-02-(954) 972 4772
Date Davimo Phone #