

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90066 011 \*\*\*150.00

**DOCUMENT # P94000029427**

**1. Entity Name**  
**DERICK ROULHAC ALI, P.A.**

**Principal Place of Business**

**ONE EAST BROWARD**  
**700**  
**FT. LAUDERDALE FL 33301**  
**US**

**Mailing Address**

**P.O. BOX 22313**  
**FT. LAUDERDALE FL 33335**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**600 N. PINE Island Rd**  
**Suite, Apt. #, etc.**  
**450**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Plantation, FL**

**City & State**

**4. FEI Number**

**65-0486642**

**Applied For**

**Not Applicable**

**Zip**

**33324**

**Country**

**USA**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROULHAC ALI, DERICK**  
**ONE EAST BROWARD**  
**SUITE 700**  
**FT. LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

**Name**

**Derick Roulhac Ali**

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

**600 N. PINE Island Rd, #450**

**City**

**Plantation, FL**

**FL**

**Zip Code**

**33324**

**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**

**DERICK ROULHAC ALI**

**1/29/02**

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, 2002 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**

<b>TITLE</b>	<b>DP</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ROULHAC, DERICK</b>	
<b>STREET ADDRESS</b>	<b>10300 NW 18TH PLACE</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33322</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DP</b>	<input checked="" type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>DERICK ROULHAC ALI</b>		
<b>STREET ADDRESS</b>	<b>600 N. PINE Island Rd #450</b>		
<b>CITY-ST-ZIP</b>	<b>Plantation, FL 33324</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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:**

**DERICK ROULHAC ALI**

Date

Daytime Phone #

CR2E034 (9/01)