#### D2 UNIFORM BUSINESS REPORT (UBR)

## OCUMENT #

**Entity Name** 

### ROCKAWAY ENTERPRISES, INC.

P94000047654

# **FILED** May 08, 2002 8:00 am Secretary of State

05-08-2002 90089 023 \*\*\*150.00

#### Mailing Address Principal Place of Business 3663 S.W. 8TH ST. 3RD FLOOR 3663 S.W. 8TH ST. 3RD FLOOR MIAMI FL 33135 MIAM! FL 33135 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0557083 Not Applicable Country \$8.75 Additional Zip 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 VALLS, FELIPE A Street Address (P.O. Box Number is Not Acceptable) 3663 SW 8TH STREET THIRD FLOOR **MIAMI FL 33135** 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. (NOTE: Registered Agent signature required when reinstating) 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. П Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TIT! F ☐ Delete TITLE VALLS, FELIPE A JR NAME NAME 3663 SW 8TH STREET THIRD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33135 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME FALCON, OSCAR NAME 3663 SW 8TH STREET THIRD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE **VP** VALLS, FELIPÉ A SR 3663 SW 8TH STREET THIRD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME.

13. I hereby certify that the information supplied with this filling 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.

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SIGNATURE:

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