

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000592

1. Entity Name

ROJO MOLD, CORP.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90032 007 ***150.00

Principal Place of Business

Mailing Address

~~15847 NW 10TH ST~~
~~PEMBROKE PINES FL 33028~~
US

~~15847 NW 10TH ST~~
~~PEMBROKE PINES FL 33028-1606~~
US

2. Principal Place of Business

3. Mailing Address

801 W. 49TH Street
Suite, Apt. #, etc.
Ste # 224

801 W. 49TH Street
Suite, Apt. #, etc.
Ste # 224

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Country

Zip

Country

33012 USA

33012 USA

4. FEI Number

65-0550880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMAN, RODRIGO R

~~15847 NW 10TH ST~~
~~PEMBROKE PINES FL 33193~~

Name

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

801 West 49TH ST, ste # 224

City Hialeah

FL

Zip Code 33012

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROMAN, RODRIGO R	
STREET ADDRESS	15847 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	801 W. 49TH Street, ste # 224	
CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X *Rodrigo R. Roman* **RODRIGO R. ROMAN** 2-10-2000 (954) 704-9636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)