

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000025613**

1. Entity Name  
**ROQUE'S AUTO CENTER, INC.**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90063 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>23740 SW 132 AVE. PRINCETON FL 33032 US</b>		Mailing Address <b>23740 SW 132 AVE. PRINCETON FL 33032 US</b>	
2. Principal Place of Business  <b>Suite, Apt. #, etc.</b>		3. Mailing Address  <b>Suite, Apt. #, etc.</b>	
City & State  <b>City &amp; State</b>		City & State  <b>City &amp; State</b>	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>RODRIGUEZ, KAREN 23740 S.W. 132ND AVENUE PRINCETON FL 33032</b>		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD RODRIGUEZ, KAREN 23740 SW 132 AVE. PRINCETON FL 33032</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROQUE, ESTIRDO 23740 S.W. 132 AVENUE PRINCETON FL 33032</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Karen Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 10, 2002 305 258-2090*

Date

Daytime Phone #

CR2E034 (9/01)