

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90035 022 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95-000036433

1. Entity Name

**ROCA HOLDINGS, INC.**

**851428**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**10101 Collins Avenue**

3. Mailing Address

**10101 Collins Avenue**

**Apt. 21E**

**Apt. 21E**

**Bal Harbour, FL 33154**

**Bal Harbour, FL 33154**

Zip  
**33154**

Country  
**USA**

Zip  
**33154**

Country  
**USA**

4. FEI Number

**65-0697300**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Louis A. Supraski**

Street Address (P.O. Box is not acceptable)

**2450 NE Miami Gardens Drive**

**2nd Floor**

City

**North Mia. Bch. FL**

Zip  
**33180**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<b>P</b>	<b>Roca, Juan</b>	<b>10101 Collins Avenue, #21E</b>	<b>Bal Harbour, FL 33154</b>
<b>S</b>	<b>Roca, Ophelia A.</b>	<b>10101 Collins Avenue, #21E</b>	<b>Bal Harbour, FL 33154</b>

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Ophelia Roca**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ophelia Roca**

Date

**305-866-7332**  
Daytime Phone

CR2E034B (12/01)