

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070361

1. Entity Name

ROCWALL INCORPORATED

R

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 010 ***150.00

Principal Place of Business

Mailing Address

~~% MITCHELL A. SILVER & CO.~~

~~P.O. BOX 22-3592~~

~~HOLLYWOOD FL 33022-3592~~

~~% MITCHELL A. SILVER & CO.~~

~~P.O. BOX 22-3592~~

~~HOLLYWOOD FL 33022-3592~~

2. Principal Place of Business

3. Mailing Address

7571 Simms St.

Suite, Apt. #, etc.

7571 Simms St.

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip

33024

Country

USA

City & State

Pembroke Pines

Zip

33024

Country

USA

4. FEI Number

65-0609374

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

WALLIS, LIAM

5900 JOHNSON ST

HOLLYWOOD FL 33021-5838

Name

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

7571 Simms Street

City

Pembroke Pines

FL

Zip Code

33024

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	SD	<input type="checkbox"/> Delete
NAME	WALLIS, LIAM	
STREET ADDRESS	7571 SIMMS ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	WALLIS, MARIA	
STREET ADDRESS	7571 SIMMS ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria Wallis* MARIA WALLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00

Date

(954) 963-7579

Daytime Phone #

CR2E034 (9/99)