

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082275

1. Entity Name

ROCKY SERVICES CORP.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90068 023 \*\*\*150.00

Principal Place of Business

Mailing Address

8824 CORAL WAY  
MIAMI FL 33165

8824 CORAL WAY  
MIAMI FL 33165-2008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0615405

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

REAL, LITA DEL  
1923 S.W. 22 TERRACE  
MIAMI FL 33145

Name

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

City

FL

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.  
(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 | NAME           | STREET ADDRESS       | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
|-------|----------------|----------------------|----------------|---------------------------------|
| P     | REAL, LITA DEL | 1923 S.W. 22 TERRACE | MIAMI FL 33145 | <input type="checkbox"/>        |
|       |                |                      |                | <input type="checkbox"/>        |
|       |                |                      |                | <input type="checkbox"/>        |
|       |                |                      |                | <input type="checkbox"/>        |
|       |                |                      |                | <input type="checkbox"/>        |
|       |                |                      |                | <input type="checkbox"/>        |
|       |                |                      |                | <input type="checkbox"/>        |
|       |                |                      |                | <input type="checkbox"/>        |

| TITLE | NAME          | STREET ADDRESS | CITY-ST-ZIP    | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|---------------|----------------|----------------|-------------------------------------|-----------------------------------|
| P     | LITA Del Real | 8824 CORAL WAY | MIAMI FL 33165 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|       |               |                |                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                |                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                |                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                |                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                |                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                |                | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |               |                |                | <input type="checkbox"/>            | <input type="checkbox"/>          |

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 reports 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 an other like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 305-225-0001  
Date Daytime Phone #

CR2E034 (9/99)