

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-21-2001 90010 010 ***150.00

DOCUMENT # P95000093084

1. Entity Name

ROCA HAULING INC.

Principal Place of Business

11890 N.W. 87TH STREET B-4
HIALEAH FL 33018

Mailing Address

11890 N.W. 87TH STREET B-4
HIALEAH FL 33018

2. Principal Place of Business

3. Mailing Address

16161 NW 83 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FLORIDA

4. FEI Number

65-0937292

Applied For

Not Applicable

Zip

Country

Zip

33016

Country

USA

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

ROCA, ANTONIO
11890 N.W. 87TH STREET B-4
HIALEAH FL 33018

Name
ROCA, ANTONIO

Street Address (P.O. Box Number is Not Acceptable)
16161 NW 83 PL

City
MIAMI

FL

Zip Code

33016

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, 2001 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
Delete ☐
P
ROCA, ANTONIO
11890 N.W. 87TH STREET B-4
HIALEAH FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☒ Addition ☐
16161 NW 83 PL
MIAMI, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
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Change ☐ Addition ☐

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Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ 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:

Antonio Roca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-01

Date

(305) 820-0803

Daytime Phone #

CR2E034 (10/00)