

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018465

1. Entity Name

ROCA GEMS, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90017 005 ***150.00

0205465 AV

Principal Place of Business
169 EAST FLAGLER ST.
SUITE 911
MIAMI FL 33131

Mailing Address
169 EAST FLAGLER ST.
SUITE 911
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0687158		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75- Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROCA, JAQUIN 169 EAST FLAGLER ST. SUITE 911 MIAMI FL 33131				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	ROCA, JOAQUIN	<input type="checkbox"/> Delete	TITLE	5395 SW 78 ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	MIAMI FL 33143		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		MIAMI FL 33131		CITY-ST-ZIP			
TITLE	D	ROCAM, JOSE	<input type="checkbox"/> Delete	TITLE	ROCA, JOSE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		MIAMI FL 33131		CITY-ST-ZIP			
TITLE	PD	ROCAM, JOSE M	<input type="checkbox"/> Delete	TITLE	ROCA, JOSE M	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		MIAMI FL 33131		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 to this report as required by Chapter 607, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8 2002

Date

305-9701629

Daytime Phone #

CR2E034 (9/01)