

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90092 029 \*\*\*163.75

**DOCUMENT # P96000090888**

**1. Entity Name**  
**RO. & G. INTERNATIONAL TRADING CORPORATION**

**Principal Place of Business**

**7270 NW 12TH STREET**  
**SUITE #545**  
**MIAMI FL 33126**  
**US**

**Mailing Address**

**7270 NW 12TH STREET**  
**SUITE #545**  
**MIAMI FL 33126**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0748491**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**EDELMAN, STUART J**  
**1320 SOUTH DIXIE HIGHWAY**  
**450**  
**CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

Name **RAFAEL MEJIA E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7270 N. W 12TH ST # 545**  
 City **MIAMI** FL Zip Code **33126**

**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 *Rafael Mejia E* **Vice-President, RAFAEL MEJIA E** **JAN 20, 02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☒ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEJIA, DANIEL	
STREET ADDRESS	18740 NW 3RD CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EDELMAN, STUART J	
STREET ADDRESS	1320 S DIXIE HIGHWAY SUITE #450	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEJIA, RAFAEL	
STREET ADDRESS	18740 NW 3RD CT	
CITY-ST-ZIP	PEMBROKE PINES FL 33089	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Rafael Mejia E* **RAFAEL MEJIA E** **JAN 20, 02 (305) 331-8870**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)