

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018092

1. Entity Name
ROALJON, INC.

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90153 004 ***158.75

Principal Place of Business
8420 S.W. 84TH AVENUE
MIAMI FL 33143

Mailing Address
8420 S.W. 84TH AVENUE
MIAMI FL 33143-6909

2. Principal Place of Business
8420 S.W. 84 Ave
Suite, Apt. #, etc.

3. Mailing Address
8420 S.W. 84 Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami Fla.
Zip
33143
Country
USA

City & State
Miami. Fla 33143.
Zip
33143.
Country
U.S.A.

4. FEI Number NOT APPLICABLE
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CALVO, JUAN ANGEL
8420 S.W. 84TH AVENUE
MIAMI FL 33143

7. Name and Address of New Registered Agent

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) ☐

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CALVO, JUAN ANGEL	
STREET ADDRESS	8420 S.W. 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	CALVO, JUAN ANGEL	
STREET ADDRESS	8420 S.W. 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CALVO, ANNAMARIA	
STREET ADDRESS	8420 SW 84 AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
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 an other like empowered.

SIGNATURE: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 305-5981185
Date Daytime Phone #

CR2E034 (9/99)