

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2002 91369 001 ***300.00

DOCUMENT # P97000039002
 1. Entity Name
FRANCIS ROJAS PA

Principal Place of Business Mailing Address
1563 GLEN HAVEN CIR **1563 GLEN HAVEN CIR**
OCOEE FL 34761 **OCOEE FL 34761**

| | | | |
|--------------------------------|--------------|---------------------|--------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | City & State | Suite, Apt. #, etc. | City & State |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 4. FEI Number | | Applied For | |
| 50-3443479 | | <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ROJAS, FRANCIS | | Name | |
| 1563 GLEN HAVEN CIR | | Street Address (P.O. Box Number is Not Acceptable) | |
| OCOEE FL 34761 | | 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, 2002 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 | PD ROJAS, FRANCIS 1563 GLEN HAVEN CIR OCOEE FL 34761 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CARVAJAL, ALBA 1563 GLEN HAVEN CIR OCOEE FL 34761 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: SIGNATURE REQUIRED Date: 5/9/02 Daytime Phone #: (407) 963-1066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)