

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90960 040 ***155.00

DOCUMENT # P97000051112

1. Entity Name
ROGA DISTRIBUTORS, INC.



Principal Place of Business

**15992 SW 78 STREET
MIAMI FL 33193**

Mailing Address

**15992 SW 78 STREET
MIAMI FL 33193**

2. Principal Place of Business

6283 CORAL WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip
33155

Country
USA

Zip

Country

4. FEI Number
65-0760816

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DOMINGUEZ, NELSON J
15992 SW 78 STREET
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name
DOMINGUEZ, NELSON J

Street Address (P.O. Box Number is Not Acceptable)

6283 CORAL WAY

City
MIAMI

FL

Zip Code
33155

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P D
DOMINGUEZ, NELSON J
15992 SW 78 STREET
MIAMI FL 33193** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P D
DOMINGUEZ, NELSON J
6283 CORAL WAY
MIAMI, FL 33155** ☐ Change ☐ Addition

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with a gloss, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/03 (305) 5105956

Date Daytime Phone #

CR2E034 (10/02)