

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90002 035 ***150.00

DOCUMENT # P97000058470

1. Entity Name

ROGEWILL, CORP.

Principal Place of Business

Mailing Address

**8830 NW 5TH ST
 PEMBROKE PINES FL 33024**

**8830 NW 5TH ST
 PEMBROKE PINES FL 33024-6514**

2. Principal Place of Business

401 BISCAYNE BLVD

3. Mailing Address

20080 NW 2 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

PEMBROKE PINES FLA

4. FEI Number

65-0767429

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33029

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, STEPHEN A
 8830 NW 5TH ST
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **TROVEL WILLIAMS**

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

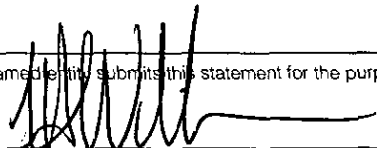
20080 NW 2 ST

City **PEMBROKE PINES FL**

Zip Code **33029**

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



3/16/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** Delete
 NAME **ROGERS, STEPHEN**
 STREET ADDRESS **8830 NW 5 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **President** Change Addition
 NAME **TROVEL WILLIAMS**
 STREET ADDRESS **20080 NW 2 ST**
 CITY-ST-ZIP **PEMBROKE PINES FLA 33029**

TITLE **DT** Delete
 NAME **ROGERS, SANDRA**
 STREET ADDRESS **8830 NW 5 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **WILLIAMS, TRAVEL**
 STREET ADDRESS **8830 NW 5 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **VP-T.S** Change Addition
 NAME **MICHELE WILLIAMS**
 STREET ADDRESS **20080 NW 2 ST**
 CITY-ST-ZIP **PEMBROKE PINES FLA 33029**

TITLE **D** Delete
 NAME **WILLIAMS, MICHELLE**
 STREET ADDRESS **8830 NW 5 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

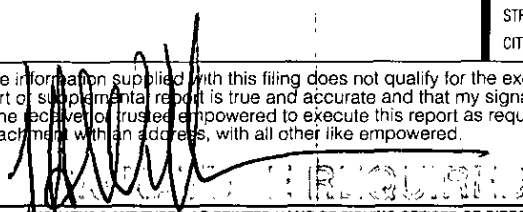
TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

DATE

954 4315714

DAYTIME PHONE #

CR2E034 (9/99)