

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000084773**

1. Entity Name:

ROFIJA CORP.**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90054 049 ***150.00

Principal Place of Business

**1121 CRANDON BLVD STE E-1204
KEY BISCAVNE FL 33149**

Mailing Address

**1121 CRANDON BLVD STE E-1204
KEY BISCAVNE FL 33149-2794**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0836190

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTA, JORGE R
2600 SW 3RD AVE
STE 800B
MIAMI FL 33129**

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

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	DP	<input type="checkbox"/> Delete
NAME	CRUZ, JOSEPHINE	
STREET ADDRESS	1121 CRANDON BLVD STE E-1204	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROBERT, CRUZ A	
STREET ADDRESS	22821 WARRICK WOOD CT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALEJANDRO, ROTUNDO	
STREET ADDRESS	22821 WARRICK WOOD CT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ROUND, JOHN A	
STREET ADDRESS	22821 WARRICK WOOD CT	
CITY-ST-ZIP	BOCA RATON FL 33433	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DVS
ROTUNDO, JOHN A.
22821 WARRICK WOOD CT
BOCA RATON, FL 33433**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

301 361 9675

Daytime Phone #

CR2E034 (9/99)