

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091270

1. Entity Name

ROCKFORD INVESTMENTS, INC.

FILED

00 OCT -6 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



REINSTATEMENT 2000

4. FEI Number 65-0845925

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

Principal Place of Business

4590 S.W. 67TH AVENUE
#4
MIAMI FL 33155

Mailing Address

4590 S.W. 67TH AVENUE
#4
MIAMI FL 33155

2. Principal Place of Business

2994 NW 7 Street

Suite, Apt. #, etc.

3. Mailing Address

2994 NW 7 Street

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33125

Country

USA

Zip

33125

Country

USA

6. Name and Address of Current Registered Agent

CALAS, DOLORES
4590 S.W. 67TH AVENUE
#4
MIAMI FL 33155

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

[Signature]
DOLORES CALAS

Signature of registered agent or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/05/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME CALAS, DOLORES
STREET ADDRESS 4590 S.W. 67TH AVENUE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE STD
NAME FERNANDEZ, JUAN M
STREET ADDRESS 5750 S.W. 67TH AVE
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 400003454474--8
CITY-ST-ZIP -11/07/00--01018--010
****758.75 ****758.75 ☐ Change ☐ Addition

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

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

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/00 305-649-7428
Date Daytime Phone #

CR2E034 (5/00)