

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101339

1. Entity Name

ROGER BLACK SALES, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90022 011 \*\*\*150.00

Principal Place of Business

407 OAK HERITAGE DRIVE  
VENICE FL 34292

Mailing Address

407 OAK HERITAGE DRIVE  
VENICE FL 34292

2. Principal Place of Business

407 OAK HERITAGE DR

3. Mailing Address

407 OAK HERITAGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FLA.

City & State

VENICE FLA.

4. FEI Number

65-0797777

Applied For

Not Applicable

Zip

34292

Country

U.S.A.

Zip

34292

Country

U.S.A.

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

COHEN, MARK  
4045 NORTHWEST 16TH ST  
LAUDERHILL FL 33313

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

Mark Cohen

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	PTD	<input type="checkbox"/> Delete
NAME	BLACK, ROGER E	
STREET ADDRESS	800 NE 195 ST, STE 213	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BLACK, JOAN E	
STREET ADDRESS	800 NE 195 ST, STE 213	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)