

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90116 007 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

DOCUMENT # P98000003512

1. Entity Name

LA ROCA SPRING WATER, CORP.

830844

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11850 SW 19 Terrace

Suite, Apt. #, etc.

Unit 129

City & State

Miami FL

Zip

33175

Country

MIami-Dade

3. Mailing Address

11850 SW 19 Terr.

Suite, Apt. #, etc.

Unit 129

City & State

Miami FL

Zip

33175

Country

MIami-Dade

4. FEI Number

65-0804579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Carlos Macedo

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

9745 Miller Drive

City

Miami

FL

Zip Code

33165

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
Palomo, Luis
11850 SW 19 Terr., Unit 129
Miami, FL 33175

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 supplement 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR250348 (12/01)