


01-30-2003 90093 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

1/  
 1/3/

**DOCUMENT # P98000008245**

1. Entity Name  
**ROXYROD, INC.**



Principal Place of Business  
 2451 BRICKELL AVENUE  
 4B  
 MIAMI FL 33129

Mailing Address  
 2451 BRICKELL AVENUE  
 4B  
 MIAMI FL 33129



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONTELLO, LOUIS R**  
 777 BRICKELL AVENUE  
 SUITE 1070  
 MIAMI FL 33131

4. FEI Number  
**01-0648416**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **LUISA M. MARTINEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2451 BRICKELL AVE 4-B**  
**Miami**  
 City **FL** Zip Code **33129**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luisa M. Martinez* = Secretary DATE **1/25/03**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BAQUERIZO, ERIKA M	
STREET ADDRESS	2451 BRICKELL AVENUE APT 4B	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MARTINEZ, LUIS M	
STREET ADDRESS	2451 BRICKELL AVENUE APT 4B	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ, LUISA M	
STREET ADDRESS	2451 BRICKELL AVENUE APT 4B	
CITY-ST-ZIP	MIAMI FL 33129	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luisa M. Martinez* (Luisa M. Martinez) DATE **1/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

306-876-7284

CRE034 (10/02)