

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90189 013 \*\*\*150.00

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AV

**DOCUMENT # P98000017400**

**1. Entity Name**  
**ROCKY FIRM CORPORATION**



**Principal Place of Business**  
**5171 S UNIVERSITY DR**  
**DAVIE FL 33328**

**Mailing Address**  
**5341 S.W. 186TH AVENUE**  
**FORT LAUDERDALE FL 33322 33332**

**2. Principal Place of Business**

**3. Mailing Address**

**5341 SW 186TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FORT LAUDERDALE FL**

Zip

Country

Zip

Country

**33332 BROWARD**

**4. FEI Number 59-3498370**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KONG, SHEK K**  
**5341 S.W. 186TH AVENUE**  
**FORT LAUDERDALE FL 33322 33332**

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

SIGNATURE

Signature, typed or printed name of registered agent and title is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-03**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
NAME **D KONG, SHEK K**  
STREET ADDRESS **5341 S.W. 186TH AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

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

TITLE ☐ Delete  
NAME **D KONG, EUNICE**  
STREET ADDRESS **5341 S.W. 186TH AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KONG, SHEK K 4-29-03 954 43457**

Date

Daytime Phone #

CR2E034 (10/02)