

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90065 047 \*\*\*150.00

**DOCUMENT # P98000027015**

1. Entity Name

**ROQUE FINANCIAL SERVICES AND INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**4700 NORTH STATE ROAD 7  
 SUITE 221  
 FT. LAUDERDALE FL 33319**

**4700 NORTH STATE ROAD 7  
 SUITE 221  
 FT. LAUDERDALE FL 33319-5804**

**B0033654**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2825 UNIVERSITY DR.  
 Suite, Apt. #, etc.  
 #410**

**2825 UNIVERSITY DR.  
 Suite, Apt. #, etc.  
 #410**

City & State

City & State

**POAL SPRINGS, FL**

**POAL SPRINGS, FL**

Zip

Country

Zip

Country

**33065 USA**

**33065 USA**

4. FEI Number

**65-0826829**

Applied For

Not Applicable

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

Name

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

**2825 UNIVERSITY DRIVE**

**SUITE 410**

**POAL SPRINGS**

**FL**

Zip Code

**33065**

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) ☐

**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 **D** ☐ Delete  
 NAME **ROQUE, SERGIO JR**  
 STREET ADDRESS **4700 N SR7, #221**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33319**

TITLE ☒ Change ☐ Addition  
 NAME **2825 UNIVERSITY DR. #410**  
 STREET ADDRESS **POAL SPRINGS, FL 33065**  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-29-00**

C/R2E034 (9/99)