## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jun 12, 2002 8:00 am DOCUMENT # P98000027015 Secretary of State 1. Entity Name 06-12-2002 90239 043 \*\*\*150.00 ROQUE FINANCIAL SERVICES AND INVESTMENTS, INC. Principal Place of Business Mailing Address 2650 BISCAYNE BLVD 2650 BISCAYNE BLVD MIAMI FL 33137 #410 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address 1113 NE 89 51 1113 NE 85 ST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0826829 Miami Miam Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERGIO ROQUE SA. ROGUE, SERGIO JR. Street Address (P.O. Box Number is Not Acceptable) 2650 BISCAYNE BLYD 1113 NE 5950 **MIAMI FL 32137** City 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, type (NOTE: Registered Agent signature required when reinstating) FILE NOW!LEEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 trest. Delete TITLE CR2E034 (9/01) **≤**Shange ☐ Addition ROGUE, SERGIO JR NAME NAME sergio roque 2825 UNIVERSITY DR. #410 STREET ADDRESS STREET ADDRESS 1113 NE 89 ST CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP MIAMI FL TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the 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 becowered.