

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000037998**

1. Entity Name

ROLAND ASSOCIATES, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90994 016 ***150.00

Principal Place of Business

762 41ST STREET
MIAMI BEACH FL 33140

Mailing Address

762 41ST STREET
MIAMI BEACH FL 33140

C0059230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0840491**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROLAND, ENRIQUE
450 41ST STREET
MIAMI BEACH FL 33140

Name

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

762 41st ST

City

MIAMI BEACH**FL**

Zip Code

33140

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	ROLAND, ENRIQUE	
STREET ADDRESS	1900 SUNSET HARBOR DR, #905	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLAND, LILIANE	
STREET ADDRESS	1900 SUNSET HARBOR DR, #905	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORREALBA, FRANKLIN	
STREET ADDRESS	2660 SW 37TH AVE, #400	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-01**305 531 0130**

CR2E034 (10/00)