

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039761

1. Entity Name
ROLLING SHIELD OF TEXAS, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90017 026 ***150.00

Principal Place of Business
C/O NICOLAS FERNANDEZ, P.A.
80 NW LEJEUNE RD., STE 324
MIAMI FL 33126

Mailing Address
780 NW LEJEUNE RD
STE 324
MIAMI FL 33126

40055675

2. Principal Place of Business
6361 SUNSET DRIVE
Suite, Apt. #, etc.

3. Mailing Address
6361 SUNSET DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SOUTH MIAMI FL

City & State
SOUTH MIAMI, FL

4. FEI Number 58-2391325

Applied For
Not Applicable

Zip 33143 Country USA

Zip 33143 Country USA

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

ESQUIRE CORPORATE SERVICES, INC.
780 NW LEJEUNE RD., STE 324
MIAMI FL 33126

Name
MICHAEL PETERSON
Street Address (P.O. Box Number is Not Acceptable)
6361 SUNSET DRIVE
6333
City
SOUTH MIAMI FL 33143

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

4/27/01

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 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS DELGADO, JOSE A 8000 NW 119TH ST HALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SANSO, SILVIO 8000 NW 119TH ST HALEAH FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 N.W. 74TH AVENUE MIAMI, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 N.W. 74TH AVE. MIAMI, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E034 (10/00)