

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90042 013 ***150.00

DOCUMENT # P98000045327

1. Entity Name
ROCA BOCA, INC.

Principal Place of Business
5879 NW 36TH ST.
MIAMI FL 33166
US

Mailing Address
5879 NW 36TH ST.
MIAMI FL 33166
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0836646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, RODRIGO
9001 S.W. 122 PL., #936
MIAMI FL 33186

Name **GONZALEZ, RODRIGO**

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

252 LINWOOD DR

City

MIAMI SPRINGS

FL

Zip Code

33166

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

4/2/02

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, 2002 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 ☐ Delete
 NAME **D GONZALEZ, RODRIGO**
 STREET ADDRESS **12878 S.W. 62 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☒ Change ☐ Addition
 NAME **GONZALEZ RODRIGO**
 STREET ADDRESS **252 LINWOOD DR**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete
 NAME **D LOYA, CARLOS**
 STREET ADDRESS **9104 N.W. 70TH STREET**
 CITY-ST-ZIP **MIAMI FL 33321**

TITLE ☐ Change ☐ Addition
 NAME **LOYA, CARLOS**
 STREET ADDRESS **589 SOUTH DRIVE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/02 305-871-3505

CR2E034 (9/01)