2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046465

ROCK CONSTRUCTION, INC.

Principal Place of Business 433 SOUTH DIXIE HWY. POMPANO BEACH FL 33060

Mailing Address

433 SOUTH DIXIE HWY. POMPANO BEACH FL 33311-8638

FILED Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90082 031 ***150.00

PRESENTAGO

					โลยที่สุดที่			
2. Principal Place of Business 131 NW 25 th Ave Suite, Apt. #, etc. 3. Mailing Address 131 NW 2 Suite, Apt. #, etc.			St AUE		DO NOT WRITE IN THIS SPACE			
City & State FT. LAUDERDALE, FL		City & State FT LAUDERDALE, FL		4. F	El Number 65-0843920	No	oplied For ot Applicable	
33311	Country	^{Zip} 33311	Country	5. 0	Certificate of Status Desired	\$8.75 Add Fee Require		
000	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Registered	d Agent		
				Name .				
SOTO, OSCAR E				Street Address (P.O. Box Number is Not Acceptable)				
1915 MIDDLE RIVER DR., STE. 207				Street Address (r.o. box runner is 140t Acceptable)				
FORT LAUDERDALE FL 33304								
				City FL Zip Code				
2 The shows	named entity submits this statement for	the purpose of abonding its rec	aistered office o	registered and	ent or both in the State of Florida			
8. The above	named entity submits this statement for	the purpose of changing its reg	gistered dilice or	registered agr	ent, or both, in the state of Forica.			
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent signat	ure required when re	instating) DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00								
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE Tax filing requirement and elects to do so. After MAY 1, 2000 Fee					10. Election Campaign Financing		00 May Be	
, -	ia on back)	Make Check Payable	•		Trust Fund Contribution.	☐ Added	d to Fees	
11.	OFFICERS AND D		12.		I DITIONS/CHANGES TO OFFICERS AI	ND DIRECTOR	S IN 11	
TITLE	DPS OF FIGURE 2	☐ Delete	TITLE	<u> </u>		Change	Addition	
NAME	JACOBAZZI, DENISE	□ Delete	NAME					
STREET ADDRESS	433 SOUTH DIXIE HWY.		STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP					
TITLE	DVT	Delete	TITLE	DT		Change	Addition	
NAME	JACOBAZZI, ANTHONY		NAME		ZZI, ANTHONY	Λ		
STREET ADDRESS	433 SOUTH DIXIE HWY.		STREET ADDRESS	1722 CC	OUTH DIXIE HIGHWAY	,]	
CITY-ST-ZIP	POMPANO BEACH FL 33060		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	DV	O BEACH, FL 33060	Change	Addition Addition Addition Addition Addition Addition	
NAME			NAME		O CERTIFIE		ļ	
STREET ADDRESS			STREET ADDRESS		O, STEVEN		Ì	
CITY-ST-ZIP			CITY-ST-ZIP		25TH AVENUE	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ Delete	TITLE	M	AUDERDALE, FL 333	La Change	Addition	
NAME			NAME		JACOBAZZI, JR.			
STREET ADDRESS	1		STREET ADDRESS	1	25TH AVENUE			
CITY-ST-ZIP			CITY-ST-ZIP	POPT T	AUDERDALE, FL 333	11		
TITLE		☐ Delete	TITLE	LOWI D	AUDERDADE, FH 333	Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME				1	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	L		L	<u> </u>	140.07(0)(2) El 111.00 111.11		:(
13. I hereby o	certify that the information supplied with	inis tiling does not qualify for th	ne exemption sta	ted in Section	119.07(3)(i), Florida Statutes. I further of	ertity that the	niormation	

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:

NG OFFICER OR DIRECTOR

Daytime Phone #