

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000047938**

1. Entity Name

Roxy Properties, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3554 W. 167th St.

3. Mailing Address

P.O. Box 611054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

City & State

NORTH MIAMI, FL

Zip

33160

Country

DADE

Zip

33261

Country

DADE

4. FEI Number

05-0839363

Applied For

Not Applicable

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

Name **GROSS, JARRET L**

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

3554 W. 167th St.

City **N. Miami Beach**

FL

Zip Code **33160**

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

Jarret L Gross

Signature typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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FILE MONTHLY FEES \$150.00
ANNUAL FEE \$1,200.00
TOTAL DUE \$1,350.00
Check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **P/O IRMA ORTEGA**
STREET ADDRESS **P.O. Box 611054**
CITY-ST-ZIP **N. MIAMI, FL 33261-1054**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 typed or printed name of signing officer or director

Date

305-528-3210

Daytime Phone #

192

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2034 (11/00)

243

Roxy Properties, Inc.
P.O. Box 611054
North Miami, FL 33261-1054

November 8, 2001

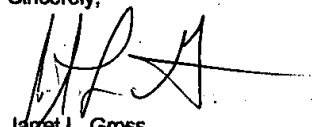
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

Subject: UBR

I am enclosing a new UBR and check for payment. Somehow, my UBR, which was sent in January, was not received by you. I respectfully request that this is accepted in its place, and our status be restored to active as soon as possible. I greatly appreciate your prompt attention to this matter.

Sincerely,



Jaret L. Gross
Director
Rox Properties, Inc.