2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # P98000047938

1. Entity Name

Roxy Properties, Inc.

FILED
01 NOV 13 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3554 NE 167 ST.	P.O. BOX 601054
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: 65-0839363 ☐ 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 NE 167 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 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 NUMBER FEE IS $150.00
AND MAY 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition P/D IRMA ORTEGA P.O. BOX 601054 N. MIAMI, FL 33261-1054
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Jarret L Gross 305-528-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

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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.

[redacted]

Sincerely,

Jarret L. Gross
Director
Roxy Properties, Inc.