

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051052

1. Entity Name

ROROHICO, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90055 004 \*\*\*158.75

Principal Place of Business

Mailing Address

6175 NW 167 STREET  
UNIT G30  
MIAMI FL 33015

6175 NW 167 STREET  
UNIT G30  
MIAMI FL 33015-4363

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854808

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

EBIN, LINDA  
1399 S.W. FIRST AVENUE  
SUITE 301  
MIAMI FL 33130

Name

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

City

FL

Zip Code

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

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, 2000 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  
STREET ADDRESS ROBELO, ARNOLDO  
CITY-ST-ZIP 6175 N.W. 167TH STREET UNIT G30  
MIAMI FL 33015

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HINDS, JAMES  
CITY-ST-ZIP 6381 SW 87 TERR  
MIAMI FL 33143

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COSULLUELA, EUGENIO  
CITY-ST-ZIP 1450 MADRUGA AVE STE 303  
CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS COSULLUELA, EUGENIO  
CITY-ST-ZIP 1450 MADRUGA AVE STE 303  
CORAL GABLES FL 33146

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROBELO, MICHAEL  
CITY-ST-ZIP 6175 167TH ST UNIT G-30  
MIAMI FL 33015

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS ROBELO, MICHAEL  
CITY-ST-ZIP 6175 N.W. 167TH ST. UNIT G-30  
MIAMI FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLDO ROBELO

1/6/00

305-828-4757

Date

Daytime Phone #

CR2E034 (9/99)