## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000060757 1. Entity Name ROAR INVESTMENT, CORP. 03-20-2000 90084 001 \*\*\*150.00 Mailing Address Principal Place of Business 16065 N.W. 57TH AVENUE 16065 N.W. 57TH AVENUE HIALEAH FL 33014-6705 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0858021 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIVERO, DANIEL Street Address (P.O. Box Number is Not Acceptable) 16065 N.W. 57TH AVENUE HIALEAH FL 33014 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ De lete TITLE NAME RIVERO, DANIEL NAME STREET ADDRESS STREET ADDRESS 11530 S.W. 145TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 Change ☐ Addition Delete TITLE TITLE RIVERO, MARCOS O NAME NAME STREET ADDRESS STREET ADDRESS 2700 S.W. 76TH AVENUE CITY-ST-7IP CITY-SI-ZIP MIAMI FL 33155 ☐ Addition TITLE TITLE De ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR