

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90603 007 \*\*\*150.00

**DOCUMENT # P98000063205**

1. Entity Name  
**ROCHGATE, INC.**



Principal Place of Business  
**2875 N.E. 191ST STREET  
SUITE 404  
AVENTURA FL 33180**

Mailing Address  
**2875 N.E. 191ST STREET  
SUITE 404  
AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0854107**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**REINHARD, SANFORD N  
2875 N.E. 191ST STREET  
SUITE 404  
AVENTURA FL 33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **GOLDLIST, FAY**  
STREET ADDRESS **12 GOLDFINCH CRT**  
CITY-ST-ZIP **WILLOWDALE ONTARIO M2-R2C4**

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

TITLE **VPT** ☐ Delete  
NAME **FRYDRYCH, ROCHELLE**  
STREET ADDRESS **12 GOLDFINCH CRT**  
CITY-ST-ZIP **WILLOWDALE ONTARIO M2-R2C4**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Rochelle Frydrych*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/18/03**

CR2E034 (10/02)

ATTACHMENT

SANFORD N. REINHARD, P. A.

ATTORNEY AT LAW

2875 N. E. 191ST STREET

SUITE 404

AVENTURA, FLORIDA 33180

70042944

P98000063205

MIAMI

(305) 932-7555

TELECOPIER

(305) 935-5671

April 14, 2003

Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

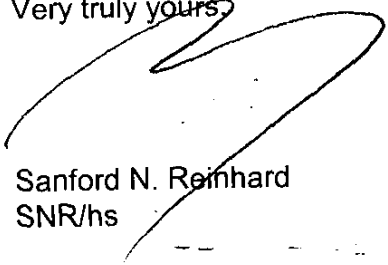
**Re: 2003 Corporate Business Report**

Gentlemen:

We are enclosing the 2003 Annual Corporation Report for Rochgate, Inc.. together with a check in the amount of \$150.00 for the filing of the report.

Thank you.

Very truly yours,

  
Sanford N. Reinhard  
SNR/hs