## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2002 8:00 am Secretary of State DOCUMENT # \$98000066493 1. Entity Name 05-07-2002 90245 013 \*\*\*150.00 ROGENIA TRADING INC. Mailing Address Principal Place of Business 8107 SW 72AVE #E112. 8107 SW 72AVE #E112 MIAMI FLA. 33143.DADE CO. MIAMI FLA. 33143.DADE. 3. Mailing Address 2. Principal Place of Business SAME SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc.~ Suite, Apt. #, etc. 4. FEI Number 65-0878220 Applied For City & State City & State Not Applicabl \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERTO ROMERO Street Address (P.O. Box Number is Not Acceptable) 8107 SW 72AVE Ziọ Code 33143 City MIAMI FLA.#E112 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00= \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. $\Box$ Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Additio TITLE Delete TITLE \*P/D " name . NAME STREET ADDRESS ROMERO ROBERTO STREET ADDRESS MIAMIFLA CITY-ST-ZIP CITY-ST-ZIP 8107 SW 72AVE #E11 <del>33143</del> Additio ☐ Change T(T) F Delete TITLE S/T NAME NAME STREET ADDRESS ROMERO JOY STREET ADDRESS CITY-ST-ZIP 3314 CITY-ST-ZIP 8107SW 72AVE MIAMI ☐ Additio Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additio Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Additi ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

4-23-002 3056615785

**FILED**