

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91159 030 ***150.00

DOCUMENT # **P980000068112**

1. Entity Name

Charles La Rocco Inc.

DO NOT WRITE IN THIS SPACE

B0061921

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5851 HOLMBERG RD.

3. Mailing Address

5851 HOLMBERG RD

Suite, Apt. #, etc.

#122

Suite, Apt. #, etc.

#122

City, State

PARKLAND FL

City, State

PARKLAND, FL

4. FEI Number

65-0854676

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

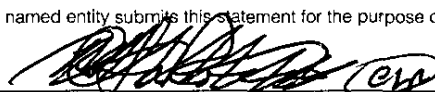
FL

Zip Code

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IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CHARLES La Rocco
(SEE ABOVE)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CHRISTINA La Rocco
SEE ABOVE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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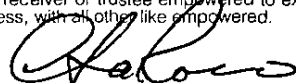
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

954-340-9419

Daytime Phone #

CR2E034B (12/01)