

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90025 023 ***150.00

DOCUMENT.# P98000080267

1. Entity Name
ROCKBRAND CONSTRUCTION, CORP.

Principal Place of Business 15815 SW 91 CT MIAMI FL 33157	Mailing Address 15815 SW 91 CT MIAMI FL 33157
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15234 SW 111st Suite, Apt. #, etc.	3. Mailing Address 15234 S.W. 111st Suite, Apt. #, etc.
---	---

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0510974	Applied For <input type="checkbox"/> Not Applicable
Zip 33196	Country USA	Zip 33196	Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROCKBRAND, ANIBAL
15815 SW 91 COURT
MIAMI FL 33157

7. Name and Address of New Registered Agent
 Name **Rockbrand, Anibal**
 Street Address (P.O. Box Number is Not Acceptable)
15234 S.W. 111st
 City **Miami** FL Zip Code **33196**

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 _____ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ROCKBRAND, ANIBAL 15815 SW 91 CT MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rockbrand, Anibal 15234 S.W. 111st Miami, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or like empowered.

SIGNATURE: _____ DATE: **1/10/00** DAYTIME PHONE #: **(305) 408-0627**

CR2E034 (10/00)