

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90459 005 ***150.00

DOCUMENT # P98000080267

1. Entity Name

ROCKBRAND CONSTRUCTION, CORP.



Principal Place of Business

13255 SW 137TH AVENUE

SUITE 207

MIAMI FL 33186

US

Mailing Address

13255 SW 137TH AVENUE

SUITE 207

MIAMI FL 33186

US

2. Principal Place of Business

13255 SW 137th Ave

Suite, Apt. #, etc.

Suite 207

City & State

Miami, FL 33186

Zip

33186

Country

3. Mailing Address

13255 SW 137th Ave

Suite, Apt. #, etc.

Suite 207

City & State

Miami, FL

Zip

33186

Country

4. FEI Number

65-0510974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROCKBRAND, ANIBAL

15234 SW 111TH STREET

MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Rockbrand, Anibal

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

7973 SW 160 Avenue

City

Miami

FL

Zip Code

33193

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

TITLE **D** ☒ Delete
NAME **ROCKBRAND, ANIBAL**
STREET ADDRESS **15234 SW 111TH STREET**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Rockbrand, ANIBAL**
STREET ADDRESS **7973 SW 160 Avenue**
CITY-ST-ZIP **Miami, FL 33193**

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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)