

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

DOCUMENT # P98000087424.

1. Entity Name

ROGER'S AGGREGATE TRANSPORT, INC

DO NOT WRITE IN THIS SPACE

FILED

02 NOV -5 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1740 Carson Avenue
Suite, Apt. #, etc.

3. Mailing Address

1740 Carson Avenue
Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

65-1051807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Rogelio Vera

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

1745 Sunset Avenue

City

Lake Worth

FL

Zip Code
33460

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)

September 17, 2002

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
D	Rogelio Vera	1740 Carson Avenue	Lake Worth, FL 33460

**DO NOT WRITE
IN THIS SPACE**

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 17, 2002

Date

(561) 586-2228

Daytime Phone #