

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2001 8:00 am**  
**Secretary of State**

08-17-2001 90002 041 \*\*\*550.00

**DOCUMENT # P99000021527**

1. Entity Name  
**ROTH-BETTE INVESTMENTS, INC.**

Principal Place of Business

POST OFFICE BOX 438  
3389 SHERIDAN STREET  
HOLLYWOOD FL 33021

Mailing Address

POST OFFICE BOX 438  
3389 SHERIDAN STREET  
HOLLYWOOD FL 33021

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**3531 GRIFFIN RD.**  
Suite, Apt. #, etc.

City & State

City & State  
**FORT LAUDERDALE FL**

Zip

Country

Zip  
**33312**

Country

**USA**

4. FEI Number **65-0901013**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M P.A.**  
**C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.**  
**1820 E. HALLANDALE BEACH BLVD.**  
**HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 re-registering)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
**P**  
**BOCHAKOFF, BURTON**  
**3389 SHERIDAN STREET**  
**HOLLYWOOD FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VST**  
**BOCHAKOFF, FRANCINE**  
**3389 SHERIDAN STREET**  
**HOLLYWOOD FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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 other like empowered.

SIGNATURE:

**SIGNATURE OF BURTON BOCHAKOFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/13/01**  
Date

Daytime Phone #

CR2E034 (5/01)