

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029388

1. Entity Name

MICHELLE ROACHE MANAGEMENT SERVICES, INC.

2

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90001 020 ***150.00

Principal Place of Business

8035 SW 63 PLACE
MIAMI FL 33143-8038

Mailing Address

8035 SW 63 PLACE
MIAMI FL 33143-8038

2. Principal Place of Business

15320 SW 81st Avenue

Suite, Apt. #, etc.

3. Mailing Address

15320 SW 81st Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33156

City & State

Miami, FL 33156

4. FEI Number

65-0908024

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROACHE, MICHELLE
8035 SW 63 PLACE
MIAMI FL 33143-8038

7. Name and Address of New Registered Agent

Name

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

15320 SW 81st Avenue

City

Miami

FL

Zip Code
33156

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

X *Michelle Roache*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 7/24/00

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 13, 2000 Min. 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 **D** ☐ Delete
NAME **ROACHE, MICHELLE**
STREET ADDRESS **8035 SW 63 PLACE**
CITY-ST-ZIP **MIAMI FL 33143-8038**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Roache, Michelle**
STREET ADDRESS **15320 SW 81st Avenue**
CITY-ST-ZIP **Miami, FL 33156**

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

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:

Michelle Roache
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00

Date

205-234-9994

Daytime Phone #

CR2E034 (5/00)

Doc # ~~10078160~~ P99000029388
D0078160

IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard
North Miami Beach, Florida 33162

Phone: (305) 949-8361
Fax: (305) 956-5131

July 24, 2000

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Michelle Roache Management Services, Inc.
Employer ID # 65-0908024

Dear Sir or Madam:

Enclosed please find the 2000 Uniform Business Report and check for \$150 in payment thereof for the above-referenced taxpayer. Taxpayer had changed locations and never received the first notice. As this is a first time filing for taxpayer, we hope you will accept this payment of \$150.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY



Barry A. Imber
Certified Public Accountant

BAI:rcl
Enclosures

cc: Michelle Roache