

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033872

1. Entity Name

ROCIO REPAIRS, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90023 013 ***150.00

Principal Place of Business

5424 GATE LAKE ROAD
TAMARAC FL 33319

Mailing Address

5424 GATE LAKE ROAD
TAMARAC FL 33319-1901

2. Principal Place of Business

5424 GATE LAKE ROAD
Suite, Apt. #, etc.

3. Mailing Address

5424 GATE LAKE ROAD
Suite, Apt. #, etc.

City & State

TAMARAC FL
Zip 33319 Country U.S.A.

City & State

TAMARAC, FL
Zip 33319 Country U.S.A.

4. FEI Number

05-0910615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNIVERSAL BUSINESS & ACCTG INC
1995 W COMMERCIAL BLVD STE C
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name NOFIL & NOFIL PA

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

3284 N. ST. RD 7

City LAUDERDALE LAKES FL 33319

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)

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, 2000 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 PTD
NAME MAGHAN, ROCIO D
STREET ADDRESS 5434 GATE LAKE ROAD
CITY-ST-ZIP TAMARAC FL 33319

TITLE S
NAME MAGHAN, JAMES
STREET ADDRESS 5434 GATE LAKE ROAD
CITY-ST-ZIP TAMARAC FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-26-00 9544845533

CR2E034 (9/99)