FOR PROFIT CORPORATION 2002
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
07-17-2002 90132 023 ***150.00

DOCUMENT # P99000033872

1. Entity Name
Rocio Repairs, Inc.

DO NOT WRITE IN THIS SPACE

B0129779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11241 NW 34th Place	11241 NW 34th Place
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: U.S.A	Zip: 33065 Country: U.S.A

4. FEI Number 65-0911065 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Joseph K. Nofil, P.A.
Street Address (P.O. Box Number is Not Acceptable): 3284 N. State Rd 7
City: Laud. Lakes FL Zip Code 33065

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 ____________ May 1st 2002
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) ☐

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	PTD	TITLE	
NAME	Rocio Maghan	NAME	
STREET ADDRESS	11241 NW 34th Place	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33065	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rocio Maghan May 1, 2002 (954) 464-5533.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)