

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000039734**

1. Entity Name

ROCK ON' COMPUTERS, INC.**FILED****Apr 04, 2000 8:00 am**
Secretary of State

04-04-2000 90050 047 ***150.00

Principal Place of Business

4295 S.W. 15TH STREET, #4
MIAMI FL 33134

Mailing Address

4295 S.W. 15TH STREET, #4
MIAMI FL 33134-3846

2. Principal Place of Business

2021 SW 83 AVE

3. Mailing Address

2021 SW 83 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0918769

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JORGE L
4295 S.W. 15TH STREET, #4
MIAMI FL 33134

Name

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

2021 SW 83 AVE

City

MIAMI FL**FL**

Zip Code

33155

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GONZALEZ, JORGE L**
STREET ADDRESS **4295 S.W. 15TH STREET, #4**
CITY-ST-ZIP **MIAMI FL 33134**TITLE ☒ Change ☐ Addition
NAME **2021 SW 83 AVE**
STREET ADDRESS **MIAMI FL 33155**
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

305-505-2659

Daytime Phone #