

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070232

1. Entity Name
ROCK ADVISORS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90022 005 ***150.00

Principal Place of Business 4001 HILLCREST DR., #609 HOLLYWOOD FL 33021	Mailing Address 4001 HILLCREST DR., #609 HOLLYWOOD FL 33021
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2. Principal Place of Business 1007 SILKTREE LANE Suite, Apt. #, etc.	3. Mailing Address 1007 SILKTREE LANE Suite, Apt. #, etc.
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City & State WESTON, FL	City & State WESTON, FL	4. FEI Number 65-0938937	Applied For Not Applicable
Zip 33327	Country USA	Zip 33327	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MALLOW, RYAN 4001 HILLCREST DR., #609 HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1007 SILKTREE LANE City WESTON FL Zip Code 33327
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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 R. Mallow (NOTE: Registered Agent signature required when reinstating) DATE 4/12/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLOW, RYAN 4001 HILLCREST DR., #609 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: R. Mallow SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/12/01 Daytime Phone #

CR2E034 (10/00)