2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000083155

1. Entity Name

ROHENES, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90251 040 ***150.00

				Con III	TEST					
Principal Place 15800 BULL RUI #461F MIAMI LAKES FI	N ROAD	Mailing Address 15800 BULL RUN ROAD #461F MIAMI LAKES FL 33014				1 1881/881 718 (811/8 2071) BRILL BRILL	~ 11) 40 6 8 8	6 118 3 1 18 33 1	a ir a i akk k a ai	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #	t, etc.	Suite	e, Apt. #, etc.			☐ CHECK HERE IF	MAKING (CHANGES	3	
City & State		City & State			4.	4. FEI Number 65-0949924		Applied For Not Applicable		
Zip	Country	Zip	C	Country	5. (Certificate of Status Desired		8.75 Ac	iditional	
	6. Name and Address of Current F	legistere	d Agent		7. 1	Name and Address of New Reg	istered Ag	ent		
				Name	Name					
SPIEGEL &	UTRERA, P.A.			C4 A	ddrana (OO O	In the second section is a second sec				
343 ALMERI	ia avenue			Street Ad	roress (P.O. B	ox Number is Not Acceptable)				
	BLES FL 33134									
OUTAL WAL	E 33134									
	Ş			City			FL	Zip Cod	de	
8 The above a	named entity submits this statement for	tho cur-	aco of changing its	otorod e#:	raniata	ant or both in the Otes of Co.		101		
the obligation	ons of registered agent.	me purp	use or changing its regi	stered office of	registered ag	ent, or both, in the State of Florit	aa. Tamaa	miliar with	, and accept	
1. 1.										
SIGNATURE										
	Signature, typed or printed name of registered agent ar	d title if appl	licable. (NOTE: Reg	istered Agent signatu	re required when re	instating)	DATE			
FIL	.E NOW!!! FEE IS \$150.00		. ,						•	
After I	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				 Election Campaign Finar Trust Fund Contribution. 	ncing		00 May Be d to Fees	
10.	- OFFICERS AND D	DIRECTO	RS I	11.	AD	L DITIONS/CHANGES TO OFFIC	ERS AND F	IBECTOE	RS IN 11	
	PSTD			TITLE	//0	DITIONO/OTIVICADO TO OTITO		☐ Change	Addition	
	ROHENES, FRANK J			NAME			L	Change	Addition	
	5800 BULL RUN ROAD #461F			STREET ADDRESS						
	MAMI LAKES FL 33014			CiTY-ST-ZIP						
	12 1111 B 11 CO 1 E COO 1 7									
TITLE				TITLE			i.	Change	Addition	
NAME STREET ADDRESS				NAME						
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						
				CIT-51-21P						
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NAME				NAME		•				
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE				TITLE				☐ Change	Addition	
NAME				NAME						
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DITY-ST-ZIP			,	CITY-ST-ZIP						
TITLE			☐ Delete	TITLE				Change	☐ Addition	
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CITY-ST-ZIP				CITY-ST-ZIP						
ITLE	·		☐ Delete	TITLE			Г	Change	Addition	
IAME				NAME			L	change		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other light empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR

2/21/0

305-821-2944.