

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085274

1. Entity Name

ROGER EQUIPMENT, INC.

Principal Place of Business

1625 SW FIRST WAY, C-7
DEERFIELD BEACH FL 33441

Mailing Address

1625 SW FIRST WAY, C-7
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0952147

Applied For
Not Applicable

5. 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

SIMÕES, ROGER
4130 NE 12TH TERR.
POMPANO BEACH FL 33064

Name CLAUDIA DE SOUZA SIMÕES
Street Address (P.O. Box Number is Not Acceptable)
1625 S.W. 1 WAY
#C-7
City DEERFIELD BEACH FL Zip 33441

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 *Claudia de Souza Simoes*

4/30/01

Claudia de Souza Simoes

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SIMÕES, ROGER
STREET ADDRESS 4130 NE 12TH TERR.
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME CLAUDIA DE SOUZA SIMÕES
STREET ADDRESS 1625 S.W. 1 WAY
CITY-ST-ZIP #C-7

TITLE
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STREET ADDRESS
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STREET ADDRESS DEERFIELD BEACH, FL 33441
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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: *Claudia de Souza Simoes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (954) 946 3004
Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90053 040 ***150.00

654860



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)