

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Rochate Financial Svcs Inc

Principal Place of Business

Mailing Address

7667 W. Sample Rd #237
Coral Springs Fl 33065

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

699350900112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Spiegel A Utrera PA
343 Almenia Ave
Coral Gables, FL 33134 USA

7. Name and Address of New Registered Agent

Name

Same as #6

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

City

FL

Zip Code

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 State

10. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D Sonia Decicco
STREET ADDRESS	7667 W. Sample Rd #237
CITY-ST-ZIP	Coral Springs Fl 33065
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D Savitrie Raudhal
STREET ADDRESS	7667 W. Sample Rd #237 Coral Spn Fl.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003404212-5
STREET ADDRESS	-09/26/00-01046--002
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

9/21/00

Date

954 346 3552

Daytime Phone #

FILED

00 SEP 22 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

09/21/00

MS KAREN GIBSON

PER OUR CONVERSATION PLEASE FIND ATTACHED FORM AND CHECK FOR \$150.00
PER OUR DISCUSSION WE DID NOT RECEIVE THIS FORM AS WE MOVED FROM OUR
PREVIOUS ADDRESS WE WERE THUS UNABLE TO FILE THIS FORM.

THANK YOU

ROCHATE FINANCIAL SVCS INC

SONIA DECICCO

TEL 954 346 3552

Sonia Decicco