

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34750

1. Entity Name

ROCK CORPORATION OF SOUTH FLORIDA, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90031 008 ***150.00

Principal Place of Business

Mailing Address

2245 DESOTO RD
SARASOTA FL 34234

2245 DESOTO RD
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0248046**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROCHETTE, MURIEL
3001 TAFT ST., #11A NORTH
HOLLYWOOD FL 33021

Name
Rochette Muriel
Street Address (P.O. Box Number is Not Acceptable)
2245 DESOTO RD.
SARASOTA FL. 34234
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, 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 NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, CLAUDE 3001 TAFT ST., #11A NORTH HOLLYWOOD FL 33021 <i>New address</i> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, TONY 3001 TAFT ST., #11A NORTH HOLLYWOOD FL 33021 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, MURIEL 3001 TAFT ST #11A NORTH HOLLYWOOD FL 33021 <i>Her address</i> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, NADIA 3001 TAFT ST #11A NORTH HOLLYWOOD FL 33021 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHETTE, MELANIE 3001 TAFT ST #11A NORTH HOLLYWOOD FL 33021 <i>New address</i> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Claude Rochette</i> <i>2245 Desoto Rd</i> <i>SARASOTA, FL. 34234</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Rochette Muriel</i> <i>2245 Desoto Rd.</i> <i>SARASOTA, FL. 34234</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Rochette Melanie</i> <i>2245 DESOTO Rd.</i> <i>SARASOTA, FL. 34234.</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Muriel Rochette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-01

Date

941-360-8316

Daytime Phone #

CR2E034 (10/00)