

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**  
 02-15-2001 90063 004 \*\*\*150.00

0303054

**DOCUMENT # S36921**

1. Entity Name  
**ROCHAL INDUSTRIES, INC.**

Principal Place of Business  
**499 E PALMETTO PARK RD**  
**BOCA RATON FL 33492**

Mailing Address  
**499 E PALMETTO PARK RD**  
**BOCA RATON FL 33492**

2. Principal Place of Business  
**740 NW 6th Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**740 NW 6th Street**  
 Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**  
 Zip  
**33486**

City & State  
**Boca Raton, FL**  
 Zip  
**33486**  
 Country  
**USA**

4. FEI Number **59-3067312**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SALAMONE, ANN B.**  
**499 E PALMETTO PARK RD**  
**BOCA RATON FL 33492**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**740 NW 6th Street**  
 City **Boca Raton** FL Zip Code **33486**

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 *Ann Beal Salomone, President* **02-12-01**  
 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALAMONE, ANN B.</b>	
STREET ADDRESS	<b>740 NW 6TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ISRAEL, STANLEY C.</b>	
STREET ADDRESS	<b>1807 MOUNT LARSON RD</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALAMONE, JOSEPH C.</b>	
STREET ADDRESS	<b>740 NW 6TH ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ISRAEL, SONJA F.</b>	
STREET ADDRESS	<b>1807 MOUNT LARSON RD</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78746</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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: *Ann Beal Salomone (ANN BEAL SALAMONE)* **02-12-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date **02-12-01** Phone # **561-866-0930**

CR2E034 (10/00)