

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90043 035 ***150.00

001827 IN

DOCUMENT # G28247
 1. Entity Name
ROTHEL, INC.

Principal Place of Business 508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI CITY PHILIPPINES OC	Mailing Address 508 BUENDIA AVE EXT. NORTH FORBES PARK MAKATI CITY PHILIPPINES OC
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 34-1011561	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FUCHS, LAWRENCE M. ESQ.
 590 ROYAL PALM BCH BLVD
 ROYAL PALM BCH. FL 33411**

7. Name and Address of New Registered Agent

Name _____
 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 _____ (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, 2002 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 - NAME, STREET ADDRESS, CITY-ST-ZIP	P VILLONCO, ROMEO S. GALIANO ST. ROYAL PALM BCH. FL <input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	V LAZATIN, DELZA GALIANO ST. ROYAL PALM BEACH FL <input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	T MABANTA, THELMA V GALIANO ST. ROYAL PALM BEACH FL <input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME, STREET ADDRESS, CITY-ST-ZIP	<input 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	<input 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	<input 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: ROMEO S. VILLONCO President March 11, 2002 (407) 793-5621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)