

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0183645

DOCUMENT # 403995

1. Entity Name
RANCHO CALIENTE, INC.

04-06-2001 90024 017 ***150.00

Principal Place of Business
**4400 GRANADA BLVD.
 CORAL GABLES FL 33146**

Mailing Address
**4400 GRANADA BLVD.
 CORAL GABLES FL 33146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
7446 SW 48th St
 Suite, Apt. #, etc.

City & State
Miami, FL

4. FEI Number **59-1606926**
 Applied For
 Not Applicable

Zip **33155** Country

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

6. Name and Address of Current Registered Agent
**ALVAREZ, ELIO
 569 NW 98TH CT.
 MIAMI FL 33172**

7. Name and Address of New Registered Agent
 Name **Sonia Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
7446 SW 48th St
~~4400 Granada Blvd~~
 City **Miami** FL Zip Code **33155**

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 *Sonia Rodriguez* **Sonia Rodriguez** 4/2/01
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.
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	P RODRIGUEZ, DIEGO R 4400 GRANADA BLVD. CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, REINALDO 5081 S W 96 AVE MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, DANIEL A. 4400 GRANADA BLVD CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**V P
Diego Rodriguez
6090 SW 72 ST
MIAMI FL 33156**

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]* **305 666 3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)