

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90026 004 ***150.00

DOCUMENT # M41909

1. Entity Name

RODRIGUEZ, TRUEBA & CO., C.P.A., P.A.

Principal Place of Business

Mailing Address

1985 NW 88TH CT
 101
 MIAMI FL 33172
 US

~~1925 NW 80TH CT~~
 101
 MIAMI FL 33172-2634
 US

2. Principal Place of Business

3. Mailing Address

1985 NW 88th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

MIAMI, FL

4. FEI Number

59-2738713

Applied For

Not Applicable

Zip

Country

Zip

Country

33172-2634

US

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

RODRIGUEZ, MARIANO J.
~~9240 N.W. 52 TERRACE, SUITE 307~~
MIAMI FL 33166

Name

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

1985 NW 88th Ct Suite 101

City *Miami*

FL

Zip Code

33172-2634

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RODRIGUEZ, MARIANO J.	9284 DUNDEE TER	MIAMI LAKES FL	<input type="checkbox"/>
V	TRUEBA, CARLOS M	4307 SW 132 PL	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>1985 NW 88th Ct #101</i>	<i>MIAMI, FL 33172-2634</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>1985 NW 88th Ct #101</i>	<i>MIAMI, FL 33172-2634</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of Carlos M. Trueba
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 (305) 593-2644

CR2E034 (19/99)