

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90004 046 ***150.00

DOCUMENT # P01000003183

1. Entity Name
JORGE A. RODRIGUEZ DMD, P.A.

Principal Place of Business

**400 S.W. 107TH AVENUE
 SUITE 408
 MIAMI FL 33174**

Mailing Address

**400 S.W. 107TH AVENUE
 SUITE 408
 MIAMI FL 33174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**11130 N. Kendall drive
 Suite, Apt. #, etc.
 Suite 202**

3. Mailing Address

**11130 N. Kendall drive
 Suite, Apt. #, etc.
 Suite 202**

**City & State
 Miami FL**

**City & State
 Miami FL**

**4. FEI Number
 EIN# 65-1080406**

**Applied For
 Not Applicable**

**Zip Country
 33176 USA**

**Zip Country
 33176 USA**

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JORGE A
 400 S.W. 107TH AVENUE
 SUITE 408
 MIAMI FL 33174**

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 *[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, 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	D	☐ Delete
NAME	RODRIGUEZ, JORGE A	
STREET ADDRESS	400 S.W. 107TH AVENUE SUITE 408	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2 (305) 271-7500
 Date Daytime Phone #

CR2E034 (9/01)