

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90199 046 ***150.00

DOCUMENT # P93000031545
 1. Entity Name
RODOVIAS INTERNATIONAL, INC.

Principal Place of Business 4769 NW 72 AVE SUITE A MIAMI FL 33166	Mailing Address 5741 RIVERSIDE DR #104 CORAL SPRINGS FL 33067-2910 US
--	---

U U 3 0 U 3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4769 NW 72 AVE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 66-7835 Suite, Apt. #, etc. Miami, FL 33166
City & State Miami FL	City & State

4. FEI Number 65-0410760	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33166	Country USA	Zip 33166-7835	Country USA
---------------------	-----------------------	--------------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
BETANCOURT, CARLOS
 5721 RIVERSIDE DR
 APT 104
 CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent
 Name **Betancourt, CARLOS**
 Street Address (P.O. Box Number is Not Acceptable)
5741 Riverside dr #104
 City **Coral Springs** FL Zip Code **33067**

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.

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	
TITLE PD	<input type="checkbox"/> Delete
NAME BETANCOURT, CARLOS	
STREET ADDRESS 5721 RIVERSIDE DR APT 104	
CITY-ST-ZIP CORAL SPRINGS FL 33067	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 titles empowered.

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

10/19/99