

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90225 047 \*\*\*150.00

**DOCUMENT # P93000031545**

1. Entity Name  
**RODOVIAS INTERNATIONAL, INC.**



Principal Place of Business  
**4767 NW 72 AVE  
MIAMI, FL 33166**

Mailing Address  
**PO BOX 66-7835  
MIAMI, FL 33166-7835 US**

**11034654**



2. Principal Place of Business  
Suite, Apt. #, etc.  
**11291 Interchange Circle S.**

3. Mailing Address  
Suite, Apt. #, etc.  
**11291 Interchange Circle S.**

City & State  
**MIRAMAR, FL**

City & State  
**MIRAMAR, FL**

CHECK HERE IF MAKING CHANGES

Zip Country  
**33025 BROWARD**

Zip Country  
**33025 BROWARD**

4. FEI Number  
**65-0410760**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BETANCOURT, CARLOS  
928 CORAL CLUB DRIVE  
POMPANO BEACH, FL 33071**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**818 NW 126 Drive**  
City  
**Coral Springs** FL Zip Code  
**33071**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **4/28/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when amending) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCOURT, CARLOS 928 CORAL CLUB DR. POMPANO BEACH, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Betancourt, Carlos 11291 Interchange Circle South MIRAMAR, FL. 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/28/03 305-336-2369**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)