

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90281 040 \*\*\*150.00

0288203

**DOCUMENT # P97000008272**

1. Entity Name  
**VALENTIN RODRIGUEZ, P.A.**

Principal Place of Business <b>1800 AUSTRALIAN AVE SOUTH          STE 205          WEST PALM BEACH FL 33409</b>	Mailing Address <b>1800 AUSTRALIAN AVE SOUTH          STE 205          WEST PALM BEACH FL 33409</b>
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**00030561**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>318 Ninth Street</b> Suite, Apt. #, etc. <b>W.P.Bch, FL 33401</b> City & State	3. Mailing Address <b>318 Ninth Street</b> Suite, Apt. #, etc. <b>W.P.Bch, FL 33401</b> City & State
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4. FEI Number <b>65-0721755</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**RODRIGUEZ, VALENTIN JR**  
**1800 AUSTRALIAN AVE S STE 205**  
**WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, VALENTIN JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**318 Ninth Street**  
 City **W.P.Bch** FL Zip Code **33401**

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 **Valentín Rodríguez** DATE **3-30-2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

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	<b>D</b> <b>RODRIGUEZ, VALENTIN</b> <b>1800 AUSTRALIAN AVE S STE 205</b> <b>WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, MARITZELA</b> <b>8420 WATERWAY DR</b> <b>WPB FL 33406</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>318 Ninth Street</b> <b>W.P.Bch, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>318 Ninth Street</b> <b>W.P.Bch, FL 33401</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **VALENTIN RODRIGUEZ** DATE **3-30-2001** DAYTIME PHONE # **(561) 832-7510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)