

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90045 045 ***150.00

DOCUMENT # P98000093323

1. Entity Name
RODECK ONE, INC.

Principal Place of Business

9700 MONTEGO BAY DRIVE
 MIAMI FL 33189

Mailing Address

9700 MONTEGO BAY DRIVE
 MIAMI FL 33189-2350

2. Principal Place of Business

9700 Montego Bay Drive
 Suite, Apt. #, etc.
 miami FL.
 City & State

3. Mailing Address

21801 SW 99 Ave
 Suite, Apt. #, etc.
 miami, FL.
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0876655**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip **33190** Country **Miami Dade**

Zip **33190** Country **Miami dade**

6. Name and Address of Current Registered Agent

RODRIGUEZ, ARCEO
 1401 SW 74TH CT
 MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **Rodriguez Arceo**
 Street Address (P.O. Box Number is Not Acceptable) **21801 SW 99 Ave**
 City **miami** State **FL** Zip Code **33190**

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 **Rodriguez Arceo** **Arceo Rodriguez** **3-18-00**
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	RODRIGUEZ, ARCEO	1401 SW 74TH CT	<input checked="" type="checkbox"/>
	D	Rodriguez Arceo	21801 SW 99 Ave	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	Rodriguez Arceo	21801 SW 99 Ave	<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"/>
				<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 empowerments.

SIGNATURE: **Arceo Rodriguez** **Arceo Rodriguez** **3-18-00** **(305) 971-7988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #