2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P98000105153 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90073 014 ***150 00 RODRIGUEZ J & C, INC. Principal Place of Business Mailing Address 100 LINCOLN ROAD 100 LINCOLN ROAD WWIOI C-6 C-6 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address 109 AVE WULLE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0882619 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ JUAN CARLOS ---Street Address (P.O. Box Number is Not Acceptable) 421 NW 109 AVE AP #8 MIAMI FL 33172 City 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, typedror printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (10/6)TITLE ☐ Delete TITLE Addition RODRIGUEZ, JUAN CARLOS NAME CR2E034. STREET ADDRESS 421 NW 109 AVE., AP. #8 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(i)), Florindicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes; and changed, or on an attachment with an address, with all other like empowered.

Date Dayline Phone #

, Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director and that my name appears in Block 11 or Block 12 if

FILED