

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90001 035 \*\*\*150.00

**DOCUMENT # P99000024296**

1. Entity Name  
**JOHN & ALDA RODRIGUEZ ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**13005 TOM GALLAGHER ROAD      13005 TOM GALLAGHER ROAD**  
**DOVER FL 33527                      DOVER FL 33527**

2. Principal Place of Business      3. Mailing Address  
**12855 Raysbrook Dr.                      12855 Raysbrook Dr.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State: **Riverview, FL**      City & State: **Riverview, FL**      4. FEI Number **59-3571630**      Applied For  
 Not Applicable  
 Zip **33569**      Country      Zip **33569**      Country      5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**RODRIGUEZ, JOHN**  
**13005 TOM GALLAGHER ROAD**  
**DOVER FL 33527**  
 Name **Rodriguez, John**  
 Street Address (P.O. Box Number is Not Acceptable) **12855 Raysbrook Dr.**  
 City **Riverview**      FL      Zip Code **33569**

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 **John Rodriguez**      Signature, typed or printed name of registered agent and title if applicable.  
 Signature *John A. Rodriguez*      Registered Agent signature required when reinstating.  
 DATE **5/27/01**

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, 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                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RODRIGUEZ, JOHN</b>                   | NAME  |   |
| STREET ADDRESS             | <b>13005 TOM GALLAGHER ROAD</b>          | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DOVER FL 33527</b>                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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 like empowered.

SIGNATURE: *John A. Rodriguez*      **John Rodriguez**      DATE **5/27/01**      DAYTIME PHONE # **813-765-9130**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

Attachment

5/27/2001

Doc. # P9900002456  
472165

Department of Corporations

Please accept this late filing of this form. This is our second year being incorporated and I am not familiar with the forms and dates I need to remember.

We just had a new baby and moved into a new house which was not completed until 2 months later than we had expected and all our documents were in storage. We even had to get an extension on filing our Taxes..

I am sending a check for \$150.00 and this explanation letter as I was instructed to do by someone at your office. I called as soon as I realized that this form was past due. If you have any questions, please call me on my Cell Phone at 813-765-9130..

Thank You,



John Rodriguez