

FILED  
Jun 23, 2004 8:00 am  
Secretary of State

05-04-2004 90163 038 \*\*\*150.00

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


5.

DOCUMENT #

1. Entity Name

P99002047084

LIA CUARTAS RODRIGUEZ P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6299 NW 109 AV

3. Mailing Address

6299 NW 109 Avenue

State, Apt. #, etc.

66428909

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0926263

Applied For:  Not Applicable

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

City & State: MIAMI, FL

City & State: MIAMI, FL

Zip: 33178

County: DADE

County: DADE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: LIA CUARTAS RODRIGUEZ P.A.

Street Address (P.O. Box Number is Not Acceptable): 6299 NW 109 AV

City: MIAMI

State: FL

Zip Code: 33178

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 \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS	
TITLE: President NAME: Lia Cuartas Rodriguez STREET ADDRESS: 6299 NW 109 Ave CITY-STATE-ZIP: MIAMI FL 33178	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(f), Florida Statutes. I further certify that the information reflected 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 6817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without a home address.

SIGNATURE:  P 04/29/04