

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0190872 AV

DOCUMENT # **G25294**

1. Entity Name
B.M.F. MANUFACTURING CO. INC.



04-28-2003 90496 019 ***158.75

Principal Place of Business
% **JUAN J. RODRIGUEZ**
3970 K NW 132 ST.
OPA LOCKA FL 33054

Mailing Address
% **JUAN J. RODRIGUEZ**
3970 K NW 132 ST.
OPA LOCKA FL 33054



2. Principal Place of Business
7981 WEST 25 COURT
Suite, Apt. #, etc.

3. Mailing Address
7981 WEST 25 COURT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH FLORIDA

City & State
HIALEAH FLORIDA

4. FEI Number **59-2275279**

Applied For
Not Applicable

Zip **33016** Country **USA**

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN J.
~~**3970 K NW 132ND ST**~~
~~**OPA LOCKA FL 33054**~~

7. Name and Address of New Registered Agent

Name **JUAN J. RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
7981 WEST 25 COURT
City **HIALEAH** FL Zip Code **33016**

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 *Juan J. Rodriguez Pres.* **JUAN J. RODRIGUEZ PRES.** **APRIL 24, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RODRIGUEZ, JUAN J.**
STREET ADDRESS **7991 W. 15TH LANE**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan J. Rodriguez Pres.* **JUAN J. RODRIGUEZ PRES.** **4/24/03** **(305) 828-5567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)