

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90006 021 ***150.00

DOCUMENT # 310318

1. Entity Name

RODY JEWELRY, INC.

Principal Place of Business

Mailing Address

139 N.E. FIRST STREET
 MIAMI FL 33132

139 N.E. FIRST STREET
 MIAMI FLA 33132-2527

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1236022

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, OSCAR
209 E. FLAGLER ST.
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	RODRIGUEZ, ISAAC		
9516 CARLYLE AVE	9516 CARLYLE AVE		
SURFSIDE, FLORIDA 00000	SURFSIDE, FLORIDA 00000		
VD	RODRIGUEZ, SARAH		
9516 CARLYLE AVE	9516 CARLYLE AVE		
SURFSIDE, FLORIDA 00000	SURFSIDE, FLORIDA 00000		
D	RODRIGUEZ, LEON		
9516 CARLYLE AVE	9516 CARLYLE AVE		
SURFSIDE, FL 00000	SURFSIDE, FL 00000		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isaac Rodriguez 3/28/00 305-374-0009

Date

Daytime Phone #

CFR2E034 (9/99)