

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 584057

1. Entity Name

RODAMA INVESTMENT, INC.

Principal Place of Business

8190 NW 66TH ST  
MIAMI FL 33166

Mailing Address

8190 NW 66TH ST  
MIAMI FL 33166-2732

2. Principal Place of Business

1699 Coral Way  
Suite, Apt. #, etc.  
Suite 510

3. Mailing Address

1699 Coral Way  
Suite, Apt. #, etc.  
Suite 510

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33145

Country  
U.S.A.

Zip  
33145

Country  
U.S.A.

4. FEI Number

59-1854919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALDES, FRANCISCO J  
C/O CARIBE REALTY  
8190 NW 66TH ST  
MIAMI FL 33166

7. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AMADOR, LUIS E	
STREET ADDRESS	1414 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AMADOR, ANA MARIA	
STREET ADDRESS	1414 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AMADOR, ANA MARIA	
STREET ADDRESS	1414 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franco, Jose J.	
STREET ADDRESS	1699 Coral Way, Suite 510	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franco, Gianna M.	
STREET ADDRESS	1699 Coral Way, Suite 510	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franco, Gianna M.	
STREET ADDRESS	1699 Coral Way, Suite 510	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	Assistant S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez-Cid, Ricardo	
STREET ADDRESS	1699 Coral Way, Suite 510	
CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90072 041 \*\*\*150.00

00072510



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)