## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 07, 2003 8:00 am Secretary of State

DOCUMENT # F0200 1. Enlity Name RODRIGUEZ OPERATING, INC.	00000677 U		07-0	7-2003 90310 032	***158.75	
Principal Place of Business 8828 NORTH STEMMONS FREEWAY, SUITE 108 DALLAS TX 57247  Mailing Address 8828 NORTH STEMMONS FREEWAY, SUITE 106 DALLAS TX 57247						
2. Principal Place of Business S201 N. D Connex	3. Mailing Address	D'COANO		<u> </u>		
Sulte, Apt. *, etc.	Suite, Apt. #, etc.		CHECK H	ERE IF MAKING CHANG	)ES	
City & State Fruing TL	City. State	(TX	4. FEI Number 75-2905	)12	Applied For Not Applicable	
Zig 573.9 Country US A  5. Name and Address of Current	Zip 15035	Country LLD 4	5. Certificate of Status Desi	ed   \$8.75 Fee Req	Additional juired	
6. Name and Address of Current	t Registered Agent		7. Name and Address of N	w Registered Agent		
O T CORPORATION CYCTCH		Name	<u> </u>	عبد کے ہندستانک	<del></del>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Addre	ess (P.O. Box Number is Not Accep	table)		
PLANTATION FL 33324				· · · · · · · · · · · · · · · · · · ·		ł
		City		FL Zip (	Code	į
The above named entity submits this statement fi the obligations of registered agent.	or the purpose of changing its	registered office or reg	sistered agent, or both, in the State	of Florida. I am familiar w	ith, and accept	ĺ
SIGNATURE					}	
Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature re	quired 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		,	9. Election Campaig Trust Fund Contil	~ <del>_</del> ~,	5.00 May Be Ided to Fees	
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT		_
		TITLE		[Z] Chan	ge Addition	8
TITLE CDS	☐ Delete	<b>4</b>			<b>Je</b> [] Addition	~
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. I hereby certify that the information supplied with this liting does not quality 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 appears with all other like empowered.

SIGNATURE

OXIVIRE REQUIRED

5/16/05

972-692-3825

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Davama Phone #