2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K33829 Mar 24, 2000 8:00 am Secretary of State 1. Entity Name RODO INTERNATIONAL CORP. 03-24-2000 90110 023 ***150.00 Mailing Address Principal Place of Business 18440 NW 78 AVENUE 18440 NW 78 AVENUE MIAMI FL 33015-2705 MIAMI FL 33015 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0077102 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MICELI, ARTURO A. Street Address (P.O. Box Number is Not Acceptable) 18440 NW 78 AVENUE **MIAMI FL 33015** City Zip Code Fl 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME MICELI, ARTURO A. STREET ADDRESS STREET ADDRESS 18440 NW 78 AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** Change Addition TITLE ☐ Delete MICELI, MARCELO A NAME STREET ADDRESS STREET ADDRESS 18440 NW 78 AVENUE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33015** [] Change ☐ Addition Delete 7171 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental upport 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 true 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 a dodress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HRTURO A. MICELI

305-362-4113

CR2F034 /9/99

Daytime Phone #