

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90118 048 \*\*\*150.00

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**DOCUMENT # K33829**

1. Entity Name  
**RODO INTERNATIONAL CORP.**



Principal Place of Business  
**18440 NW 78 AVENUE  
MIAMI FL 33015  
US**

Mailing Address  
**18440 NW 78 AVENUE  
MIAMI FL 33015  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MICELI, ARTURO A.  
18440 NW 78 AVENUE  
MIAMI FL 33015**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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

TITLE NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MICELI, ARTURO A. 18440 NW 78 AVENUE MIAMI FL 33015</b>	
TITLE NAME	<b>VP</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MICELI, MARCELO A 18440 NW 78 AVENUE MIAMI FL 33015</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: Arturo A. Miceli 1/15/2003 # 305-362-4113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)