

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014145 AF

DOCUMENT # L98000002687

1. Entity Name
RODRIGUEZ & GRANT L.C.

00 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O WILLIAM JOHN GRANT
2928 DANIELS STREET
MARIANNA FL 32446

Mailing Address
C/O WILLIAM JOHN GRANT
2928 DANIELS STREET
MARIANNA FL 32446-2912



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-~~0000000000~~ 3562320

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 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

COHN, ALAN B ESQ.
2021 TYLER STREET
HOLLYWOOD FL 33022

Name William J. Grant
Street Address (P.O. Box Number is Not Acceptable)
2928 DANIELS ST.
City MARIANNA FL Zip Code 32446

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 *William J. Grant* William J. Grant (Principal) 4-20-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME GRANT, WILLIAM JOHN
STREET ADDRESS 2928 DANIELS STREET
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE
NAME
STREET ADDRESS 800003256708-5
CITY-ST-ZIP -05/18/00--01016--011
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGRM
NAME RODRIGUEZ-JIMENEZ, HORACIO JORGE M.D.
STREET ADDRESS 3343 OLD US ROAD
CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William J. Grant* 4-20-00 (850) 526 3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)