## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # M36291** May 01, 2000 8:00 am Secretary of State J.R. RODRIGUEZ INVESTMENTS, INC. 05-01-2000 90451 004 \*\*\*150.00 Mailing Address Principal Place of Business 7150 W 20TH AVE 7150 W/ 20TH AVENUE SUITE 402 SUITE 402 HIALEAH FL 33016-5532 HIALEAH FL 33016-5532 2. Principal Place of Business 3. Mailing Address O NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. Applied For City & State 4. FEI Number City & State 59-2725721 Not Applicable Country Zip Country \$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 RODRIGUEZ, J. R Street Address (P.O. Box Number is Not Acceptable) 7150 W 20TH AVE SUITE 402 HIALEAH FL 33016 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees-(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE NAME RODRIGUEZ, J. RAMON STREET ADDRESS STREET ADDRESS 16013 KINGSMOOR WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME RODRIGUEZ, SALLIE STREET ADDRESS STREET ADDRESS 16013 KINGSMOOR WAY CITY-ST-ZIP CITY-ST-ZIF MIAMI LAKES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.