

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N990000007000

1. Entity Name
TRADICION NAVIDENA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90164 019 ****61.25

Principal Place of Business

Mailing Address

6102 OAK FERN CT.
TEMPLE TERRACE FL 33617

6102 OAK FERN CT.
TEMPLE TERRACE FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, PEDRO L
6102 OAK FERN CT.
TEMPLE TERRACE FL 33617

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, AIDA S	
STREET ADDRESS	6102 OAK FERN CT.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PIETRI-SCHMIDT, LILLIANA	
STREET ADDRESS	6102 OAK FERN CT.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHMIDT, RONIE	
STREET ADDRESS	6102 OAK FERN CT.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, PEDRO L	
STREET ADDRESS	6102 OAK FERN CT.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: Pedro L. Rodriguez 4-25-00 813-989-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)