## 2001 UNIFORM BUSINESS REPORT

## Mar 30, 2001 8:00 am Secretary of State DOCUMENT # P00000029263 1. Entity Name 03-02-2001 90108 047 \*\*\*150.00 RODMEN INVESTMENT, INC. Principal Place of Business Mailing Address 10351 S.W. 23AD STREET 10351 S.W. 23RD STREET MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-09932 8V City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-CASAS, SARAH M Street Address (P.O. Box Number is Not Acceptable) 10351 S.W. 23RD STREET MIAMI FL 33165 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change Addition NAME RODRIGUEZ, OLGA M NAME STREET ADDRESS STREET ADDRESS 10351 S.W. 23RD STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 Addition Delete TITLE Change TITLE NAME CASAS, SARAH M NAME STREET ADDRESS STREET ADDRESS 10351 S.W. 23RD STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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

CITY-ST-ZIP

CITY-ST-21P

TITLE

NAME STREET ADDRESS

☐ Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Addition

☐ Change