

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90498 019 ***150.00

DOCUMENT # P00000093745

1. Entity Name

ARGO MANAGEMENT INC.

Principal Place of Business

**1459 ROBBIA AVE.
 CORAL GABLES FL 33146**

Mailing Address

**1459 ROBBIA AVE.
 CORAL GABLES FL 33146**

2. Principal Place of Business

4961 S.W. 74 COURT

Suite, Apt. #, etc.

MIAMI FLA. 33155

City & State

3. Mailing Address

4961 S.W. 74 COURT

Suite, Apt. #, etc.

MIAMI FLA.

City & State

Zip

33155

Country

MIAMI-Inde

Zip

33155

Country

MIAMI-Inde

4. FEI Number

65-1046532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RODRIGUEZ, ALEX C
 1459 ROBBIA AVE.
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, ALEX C**

Street Address (P.O. Box Number is Not Acceptable)

4961 S.W. 74 COURT

City

MIAMI

FL

Zip Code

33155

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 *Alex C Rodriguez* **ALEX C. RODRIGUEZ** *Alex C Rodriguez* **1/23/01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ALEX C 1459 ROBBIA AVE. CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, ISABEL V 1459 ROBBIA AVE. CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Angel R. RODRIGUEZ 820 JERONIMO DRIVE CORAL GABLES FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROY E. RODRIGUEZ 5941 S.W. 46th ST. MIAMI FLA. 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Alex C Rodriguez* **ALEX C. RODRIGUEZ** **1/23/01** **(305) 661 0024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0184477

CR2E034 (10/00)