

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113810

1. Entity Name
Robert R. Rodriguez Landscape & Maintenance, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 4:47

Principal Place of Business
1427 WALLACE DR.
Delray Beach, FL.
33444

Mailing Address
1427 WALLACE DR.
Delray Beach, FL.
33444

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
FEIN # 65-1063362

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

9/17/01 90146648 5000

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rodriguez, Dora
1427 WALLACE DR.
Delray Beach, FL. 33444

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 _____ DATE _____
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Robert R. Rodriguez
1427 WALLACE DR.
Delray Beach, FL. 33444 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Dora J. Rodriguez
1427 WALLACE DR.
Delray Beach, FL. 33444 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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☐ Delete

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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 Robert R. Rodriguez Date Sept 11, 2001 Daytime Phone # 561-276-3264

CR2E034 (11/00)