

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009307

1. Entity Name

THE LAW OFFICES OF HUGO A. RODRIGUEZ, P.A.

Principal Place of Business

44 WEST FLAGLER STREET SUITE 1100
MIAMI FL 33130

Mailing Address

44 WEST FLAGLER STREET SUITE 1100
MIAMI FL 33130

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1073489

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HUGO A
44 WEST FLAGLER STREET SUITE 1100
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: Hugo A. Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 150 W. Flagler St.
Suite 1565
City: Miami FL Zip Code: 33130

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

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, 2002 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: PRESIDENT & SOLE OFFICER ☐ Delete
NAME: Hugo A. Rodriguez
STREET ADDRESS: 44 W. Flagler St.
CITY-ST-ZIP: Suite 1100 Miami, Fla. 33130

TITLE: 44 W. Flagler St. ☐ Delete
NAME: Suite 1100
STREET ADDRESS: Miami, Fla. 33130
CITY-ST-ZIP: MIAMI, FLA. 33130

TITLE: _____ ☒ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ ☐ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE: _____ ☐ Change ☐ Addition
NAME: _____
STREET ADDRESS: _____
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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugo A. Rodriguez

4/25/02

Date

Daytime Phone #

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-14-2002 90060 048 ***150.00

92674



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)