

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009614

1. Entity Name  
JORGE MAXIMO RODRIGUEZ, PA

Principal Place of Business Mailing Address  
961 BLACKWOOD ST. 961 BLACKWOOD ST.  
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693249 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE  
961 BLACKWOOD ST.  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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

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 NAME PD  
NAME RODRIGUEZ, JORGE  
STREET ADDRESS 961 BLACKWOOD ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE NAME VD  
NAME RODRIGUEZ, PABLO J  
STREET ADDRESS 961 BLACKWOOD ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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TITLE NAME  
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 another like empowered.

SIGNATURE: JORGE MAXIMO RODRIGUEZ 1-4-2002 491-8425

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CR2E034 (9/01)