


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90157 026 \*\*\*150.00

**DOCUMENT #** P01000040959

**1. Entity Name**  
REX REALTY PLAZA INC.



**Principal Place of Business**  
4819 SW 8TH ST.  
MIAMI FL 33134

**Mailing Address**  
4819 SW 8TH ST.  
MIAMI FL 33134

**2. Principal Place of Business**  
825 SW 37 Ave

**3. Mailing Address**  
825 SW 37 Ave.

**City & State**  
Miami, FL

**City & State**  
Miami, FL

**Zip**  
33135

**Country**

**Zip**  
33135

**Country**

**6. Name and Address of Current Registered Agent**

**ALDAMA, RICARDO** *to correct name*  
~~4819 SW 8TH ST.~~  
~~MIAMI FL 33134~~

**7. Name and Address of New Registered Agent**

**Name**  
ALDAMA, RICARDO

**Street Address (P.O. Box Number is Not Acceptable)**  
825 SW 37 Ave

**City**  
Miami

**FL**

**Zip Code**  
33135

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> SD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ALDAMA, RICARDO		<b>NAME</b> STREET ADDRESS	
<b>STREET ADDRESS</b> 3178 SW 22ND TERR.		<b>CITY-ST-ZIP</b> MIAMI FL 33145	
<b>CITY-ST-ZIP</b> MIAMI FL 33145			
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> RODRIGUEZ, CARINA N		<b>NAME</b> STREET ADDRESS	
<b>STREET ADDRESS</b> 3180 SW 22ND TERR.		<b>CITY-ST-ZIP</b> MIAMI FL 33145	
<b>CITY-ST-ZIP</b> MIAMI FL 33145			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b> STREET ADDRESS	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b> STREET ADDRESS	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b> STREET ADDRESS	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			
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<b>NAME</b>		<b>NAME</b> STREET ADDRESS	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Carina Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
2-14-03 305-448-7651  
Date Daytime Phone #

CR2E034 (10/02)