

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90151 024 \*\*\*163.75

**DOCUMENT #** P01000044748

1. Entity Name

The Law Office of Hernan Cortes Rodriguez, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3501 W. Vine St

Suite, Apt. #, etc.

Ste. 280

City & State

Kissimmee, FL

Zip  
34741

Country  
USA

3. Mailing Address

3501 W. Vine St.

Suite, Apt. #, etc.

Ste. 280

City & State

Kissimmee, FL

Zip  
34741

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3724796

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hernan Cortes Rodriguez

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

3501 W. Vine St., Ste. 280

City

Kissimmee

FL

Zip Code

34741

**DO NOT WRITE  
IN THIS SPACE**

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)

Hernan Cortes Rodriguez

(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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
P  
Hernan Cortes Rodriguez  
2251 Santa Lucia St.  
Kissimmee, FL 34741

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
N/A

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02. 407-933-4544

Daytime Phone #

CR2E034B (12/01)