

2002 UNIFORM BUSINESS REPORT (UBR)

07-17-2002 90131 028 ***150.00
P01000083439

DOCUMENT # P01000083439

1. Entity Name

CLAUDIA & JUAN C. RODRIGUEZ, P.A.

02 Aug -1 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

808 GARNET CIRCLE
WESTON FL 33336

Mailing Address

808 GARNET CIRCLE
WESTON FL 33336

2. Principal Place of Business

2001 QUAIL ROOST DR.

3. Mailing Address

2001 QUAIL ROOST DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WESTON, FL

City & State
WESTON, Florida

4. FEI Number

65-1130004

Applied For

Not Applicable

Zip
33327

Country
USA

Zip
33327

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN C
808 GARNET CIRCLE
WESTON FL 33336

7. Name and Address of New Registered Agent

Name

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

2001 QUAIL ROOST DRIVE

City WESTON

FL

Zip Code 33327

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

JUAN CARLOS RODRIGUEZ

7/09/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D RODRIGUEZ, CLAUDIA	<input type="checkbox"/> Delete
STREET ADDRESS	808 GARNET CIRCLE	
CITY-ST-ZIP	WESTON FL 33336	
TITLE NAME	D RODRIGUEZ, JUAN C	<input type="checkbox"/> Delete
STREET ADDRESS	808 GARNET CIRCLE	
CITY-ST-ZIP	WESTON FL 33336	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D RODRIGUEZ, CLAUDIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2001 QUAIL ROOST DRIVE	
CITY-ST-ZIP	WESTON, FL. 33327	
TITLE NAME	D RODRIGUEZ, JUAN C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2001 QUAIL ROOST DRIVE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (4/02)