

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2004**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90392 012 ***150.00

DOCUMENT # P02000010066

1. Entity Name

RODRIGUEZ LEGACY INC.

DO NOT WRITE IN THIS SPACE

94077712

2. Principal Place of Business

470 SOUTH SHORE DR

Suite, Apt. #, etc.

3. Mailing Address

470 SOUTH SHORE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

01-0584831

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RODRIGUEZ, LEONARDO

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

470 SOUTH SHORE DRIVE

City

MIAMI BEACH

FL

Zip Code

33141

**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.

(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
PD
RODRIGUEZ, LEONARDO
470 SOUTH SHORE DRIVE
MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
RODRIGUEZ, ALFREDO
470 SOUTH SHORE DRIVE
MIAMI BEACH FL 33141

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IN THIS SPACE**

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 all rights like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04

Date

305-443-9695

Daytime Phone #