

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90075 007 \*\*\*150.00

**DOCUMENT # P02000023662**



1. Entity Name  
**A COMPLETE PERMIT SERVICE, INC.**

Principal Place of Business  
**570 NW 109 AVENUE UNIT 5  
MIAMI FL 33172**

Mailing Address  
**570 NW 109 AVENUE UNIT 5  
MIAMI FL 33172**

2. Principal Place of Business  
**311 SW 66 AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL 33144**

City & State

4. FEI Number  
**00-30-0049282**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

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

**RODRIGUEZ, CELIA C  
570 NW 109 AVENUE UNIT 5  
MIAMI FL 33172**

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

Name  
**RODRIGUEZ, CELIA C**

Street Address (P.O. Box Number is Not Acceptable)  
**311 SW 66 AVENUE**

City **MIAMI** FL Zip Code **33144**

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**

TITLE **SD**  Delete  
NAME **RODRIGUEZ, CELIA C**  
STREET ADDRESS **570 NW 109 AVENUE UNIT 5**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **SD**  Change  Addition  
NAME **RODRIGUEZ, CELIA C.**  
STREET ADDRESS **311 SW 66 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **PD**  Delete  
NAME **PEREZ, ALEXIS**  
STREET ADDRESS **570 NW 109 AVENUE UNIT 5**  
CITY-ST-ZIP **MIAMI FL 33172**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: [Signature] CELIA C. RODRIGUEZ 4/15/03 (305)260-0729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)