

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90124 032 \*\*\*150.00

**DOCUMENT # P02000065267**

1. Entity Name  
**E BYTES GROUP, INC.**



Principal Place of Business  
**12600 SW 84TH AVENUE ROAD  
MIAMI FL 33156**

Mailing Address  
**12600 SW 84TH AVENUE ROAD  
MIAMI FL 33156**

2. Principal Place of Business  
**11822 SW 106th Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**11822 SW 106th Avenue**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**  
Zip  
**33176**

Country

City & State  
**Miami, FL**  
Zip  
**33176**

Country

4. FEI Number  
**01-0723704**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**RODRIGUEZ, RAFAEL**  
**12600 SW 84TH AVENUE ROAD**  
**MIAMI FL 33156**

## 7. Name and Address of New Registered Agent

Name  
**Rodriguez, Rafael**  
Street Address (P.O. Box Number is Not Acceptable)  
**11822 SW 106th Avenue**  
City  
**Miami** **FL** Zip Code  
**33176**

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 **Rafael Rodriguez** DATE **3/24/03**  
(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUEZ, MADELEIN MRS.</b> <b>12600 SW 84TH AVENUE ROAD</b> <b>MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUEZ, RAFAEL MR.</b> <b>12600 SW 84TH AVENUE ROAD</b> <b>MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11822 SW 106th Avenue</b> <b>Miami, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11822 SW 106th Avenue</b> <b>Miami, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**3/24/03 (305) 283-0300**  
Daytime Phone #

CR2E034 (10/02)