

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90677 015 \*\*\*150.00

DOCUMENT # P02000117805

1. Entity Name  
RODBAY MARKET RESEARCH INC.



Principal Place of Business

~~7001 GW 24 ST #135~~  
~~MIAMI FL 33155~~

Mailing Address

~~7001 GW 24 ST #135~~  
~~MIAMI FL 33155~~

2. Principal Place of Business

8357 W. FLAGLER ST

3. Mailing Address

8357 W. FLAGLER ST.

Suite, Apt. #, etc.

PMB # 361

Suite, Apt. #, etc.

PMB # 361

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

11-3661545

Applied For

Not Applicable

Zip

33144

Country

MIAMI DADE

Zip

33144

Country

MIAMI DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~RODRIGUEZ, ORLANDO~~  
~~7021 GW 24 ST #135~~  
~~MIAMI FL 33155~~

7. Name and Address of New Registered Agent

Name JUAN P. RODRIGUEZ

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

900 NW 39TH CT

City MIAMI

FL

Zip Code 33126

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

JAN 9/2003

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 PD  
NAME RODRIGUEZ, ORLANDO ☒ Delete  
STREET ADDRESS 7821 SW 24 ST #135  
CITY-ST-ZIP MIAMI FL 33155

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRES. DIRECTOR  
NAME JUAN P. RODRIGUEZ ☐ Change ☒ Addition  
STREET ADDRESS 900 NW 39TH CT.  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 9/2003 (305) 223-6179

0263754 AV

CR2E034 (10/02)