

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031545

1. Entity Name

RODOVIAS INTERNATIONAL, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90199 046 ***150.00

Principal Place of Business

4769 NW 72 AVE
SUITE A
MIAMI FL 33166

Mailing Address

5741 RIVERSIDE DR
#104
CORAL SPRINGS FL 33067-2910
US

2. Principal Place of Business

4767 NW 72 AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 66-7835
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL 33166

4. FEI Number

65-0410760

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166-7835

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BETANCOURT, CARLOS
5721 RIVERSIDE DR
APT 104
CORAL SPRINGS FL 33067

Name

Betancourt, Carlos

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

5741 Riverside dr #104

City

Coral Springs

FL

Zip Code

33067

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]

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BETANCOURT, CARLOS	
STREET ADDRESS	5721 RIVERSIDE DR APT 104	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 title empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #