

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9300078254**  
 1. Entity Name  
**WEST EVERGLADES GARDENS, INC**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90445 024 \*\*\*150.00

**00059612**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
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2. Principal Place of Business <b>1. FERNANDO RODRIGUEZ</b> <b>1111 CRANDON BOULEVARD</b>	3. Mailing Address <b>1. FERNANDO RODRIGUEZ</b> <b>1111 CRANDON BOULEVARD</b>
Suite, Apt. #, etc. <b>APT A-407</b>	Suite, Apt. #, etc. <b>APT A-407</b>

City & State <b>KEY BISCAYNE, FL</b>	City & State <b>KEY BISCAYNE, FL</b>	4. FEI Number <b>65-0451868</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>33149</b>	Country <b>DADE</b>	Zip <b>33149</b>	Country <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

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

**HUDSON, ROBERT F JR.**  
**701 BRICKELL AVE**  
**SUITE 1600**  
**MIAMI FL 33131**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_ (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**

TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>RODRIGUEZ, RITA</b>	
STREET ADDRESS <b>1111 CRANDON BOULEVARD, APT A 407</b>	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>	
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	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
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 like empowered.

SIGNATURE: **Rita Rodriguez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/2000**

Date

**305-594-4300 EXT 1135**

**305-361-5062**

Daytime Phone #

CR2E034 (9/99)