

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91776 001 \*\*\*150.00

0292779 AV

**DOCUMENT # P93000078254**

1. Entity Name

**WEST EVERGLADES GARDENS, INC.**



Principal Place of Business

% FERNANDO RODRIGUEZ

1411 NW 89TH COURT

MIAMI FL 33172-3005

Mailing Address

% FERNANDO RODRIGUEZ

1411 NW 89TH COURT

MIAMI FL 33172-3005

2. Principal Place of Business

C/O FERNANDO RODRIGUEZ

3. Mailing Address

C/O FERNANDO RODRIGUEZ

Suite, Apt. #, etc.

1111 CRANDON BLVD APT A-407

Suite, Apt. #, etc.

1111 CRANDON BLVD

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

33149

Country

Zip

33149

Country

4. FEI Number

65-0451868

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, FERNANDO

1411 NW 89TH COURT

MIAMI FL 33172-3005

7. Name and Address of New Registered Agent

Name

RODRIGUEZ FERNANDO

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

1111 CRANDON BLVD, APT A-407

City

Key Biscayne

FL

Zip Code

33149

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

TITLE ☐ Delete

NAME **D**  
STREET ADDRESS **RODRIGUEZ, RITA**  
CITY-ST-ZIP **1411 NW 89TH COURT**  
**MIAMI FL 33172**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Rita Rodriguez*

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

Daytime Phone #

786-2531530  
305-3615062

CR2E034 (10/02)