

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0292781 AV

DOCUMENT # P93000078259

1. Entity Name
WEST BENDLE SUBDIVISION, 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
Suite, Apt. #, etc.
1111 CRANDON BLVD APT A407
City & State
KEY BISCAYNE FL

3. Mailing Address
C/O FERNANDO RODRIGUEZ
Suite, Apt. #, etc.
1111 CRANDON BLVD APT A407
City & State
KEY BISCAYNE FL

☐ CHECK HERE IF MAKING CHANGES

Zip **33149** Country

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4. FEI Number **65-0451880** Applied For
Not Applicable

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

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 *Rita Rodriguez*
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 NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RITA 1411 NW 89TH COURT MIAMI FL 33172-3005 <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
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	<i>Rita Rodriguez</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *Rita Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 **786-2531530**
305-3615062
Date Daytime Phone #

CR2E034 (10/02)