

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90014 002 ***150.00

DOCUMENT # P93000081135

1. Entity Name

ZOE E. RODRIGUEZ, P.A.

Principal Place of Business

**1250 S.W. 27TH AVENUE
 STE. 206
 MIAMI FL 33135**

Mailing Address

**1250 S.W. 27TH AVENUE
 STE. 206
 MIAMI FL 33135**

2. Principal Place of Business

1250 S.W. 27 Av.

3. Mailing Address

1250 S.W. 27 Av.

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33135

Country

MIAMI - FLORIDA

Zip

33135

Country

MIAMI - FLORIDA

4. FEI Number

65-0455846

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ZOE E
 1250 S.W. 27TH AVE.
 SUITE 206
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2002 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	D	☐ Delete
NAME	RODRIGUEZ, ZOE E	
STREET ADDRESS	1250 S.W. 27TH AVE. #206	
CITY-ST-ZIP	MIAMI FL 33135	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.A.

Date

Daytime Phone #

4/19/02 (305) 449-2231

CR2E034 (9/01)