2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P94000004431** May 04, 2000 8:00 am Secretary of State 1. Entity Name RODRIGUEZ & SONS, INC. 05-04-2000 90131 007 ***150.00 Mailing Address Principal Place of Business 15415 S.W. 80 ST 15415 S.W. 80 ST STE 106 STE 106 MIAMI FL 33193-2610 MIAMI FL 33193 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0496819 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 15415 S.W. 80 ST **APT 106 MIAMI FL 33193** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Delete ☐ Change ☐ Addition TITLE TITLE RODRIGUEZ, JULIO H (Deceased) NAME NAME STREET ADDRESS STREET ADDRESS 13727 S.W. 12TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 Change Addition ☐ Delete TITLE TITLE RODRIGUEZ, HUMBERTO NAME NAME 13727 S.W. 12TH ST. STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 ☐ Delete ☐ Change Addition TITLE TITLE RODRIGUEZ, JULIO NAME NAME 13727 S.W. 12TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 ☐ Addition ★ Change ☐ Delete TITLE TITLE President-Secretary RODRIGUEZ, OSVALDO NAME NAME Director STREET ADDRESS STREET ADDRESS 13727 S.W. 12TH ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** ☐ Delete TITLE ☐ Change Addition TITLE RODRIGUEZ, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 13727 S.W. 12TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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.

4-28-00