

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004431

1. Entity Name  
**RODRIGUEZ & SONS, INC.**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91111 011 \*\*\*150.00

Principal Place of Business 15415 S.W. 80 ST STE 106 MIAMI FL 33193 US	Mailing Address 15415 S.W. 80 ST STE 106 MIAMI FL 33193 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15439 SW 80 ST Suite, Apt. #, etc. Ste 105 City & State Miami, FL Zip 33193 Country US	3. Mailing Address 15439 SW 80 ST Suite, Apt. #, etc. Ste 105 City & State Miami, FL Zip 33193 Country US
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4. FEI Number 65-0496819	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, OSVALDO 15415 S.W. 80 ST APT 106 MIAMI FL 33193	7. Name and Address of New Registered Agent Name osvaldo Rodriguez Street Address (P.O. Box Number is Not Acceptable) 824 Bonito Lane City Key Largo FL Zip Code 33037
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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 <i>Osvaldo Rodriguez</i> Signature, typed or printed name of registered agent and title if applicable.	Osvaldo Rodriguez, Pres. 4/22/01 (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, HUMBERTO 13727 S.W. 12TH ST. MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, JULIO 13727 S.W. 12TH ST. MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RODRIGUEZ, OSVALDO 13727 S.W. 12TH ST. MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD osvaldo Rodriguez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 824 Bonito Lane Miami Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, CARLOS 13727 S.W. 12TH ST. MIAMI FL 33184 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Osvaldo Rodriguez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/22/01 (305)3852627 Date Daytime Phone #
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CR2E034 (10/00)