

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91413 018 ***150.00

DOCUMENT # P94000004431

1. Entity Name
RODRIGUEZ & SONS, INC.



Principal Place of Business
**15439 SW 80TH STREET
SUITE 105
MIAMI FL 33193
US**

Mailing Address
**15439 SW 80TH STREET
SUITE 105
MIAMI FL 33193
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0496819**

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, OSVALDO
824 BONITO LANE
KEY LARGO FL 33037**

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. 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 | TD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, HUMBERTO | |
| STREET ADDRESS | 13727 S.W. 12TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, JULIO | |
| STREET ADDRESS | 13727 S.W. 12TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, OSVALDO | |
| STREET ADDRESS | 824 BONITO LANE | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, CARLOS | |
| STREET ADDRESS | 13727 S.W. 12TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33184 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, HUMBERTO | |
| STREET ADDRESS | 15439 SW 80ST, STE 105 | |
| CITY-ST-ZIP | MIAMI, FLORIDA 33193 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, JULIO | |
| STREET ADDRESS | 15439 SW 80ST, STE 105 | |
| CITY-ST-ZIP | MIAMI, FLORIDA 33193 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUEZ, CARLOS | |
| STREET ADDRESS | 15439 SW 80ST, STE 105 | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 305 820 2881
Date Daytime Phone #

CR2E034 (10/02)