

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030461

1. Entity Name
RODRIGUEZ FAMILY CORPORATION

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90011 010 ***150.00

Principal Place of Business

Mailing Address

13431 SW 36TH ST
MIAMI FL 33175
US

13431 SW 36TH
MIAMI FL 33175
US

2. Principal Place of Business

3. Mailing Address

10271 S.W. 20 ST
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIA FL

City & State

4. FEI Number **65-0486099**

Applied For
Not Applicable

Zip **33165**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent:

RODRIGUEZ, MARIA L
13431 SW 36TH STREET
MIAMI FL 33175

Name

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

10271 S.W. 20 ST

City **MIA**

FL

Zip Code **33165**

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 *Maria Rodriguez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **RODRIGUEZ, MARIA L**
CITY-ST-ZIP **13252 N.W.1 ST LANE**
MIAMI FL 33182

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **RODRIGUEZ, MIGUEL B**
CITY-ST-ZIP **13252 N.W.1 ST LANE**
MIAMI FL 33182

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **RODRIGUEZ, DOLORES M**
CITY-ST-ZIP **2899 COLLINS AVE. #1112**
MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: *Maria Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-1-01** Daytime Phone # **305 227-6411**

CR2E034 (10/00)