

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90021 019 \*\*\*150.00

**DOCUMENT # P94000042777**

1. Entity Name

**RODCA CORPORATION, INC.**

Principal Place of Business

15365 S.W. 43RD LANE  
 MIAMI FL 33185

Mailing Address

15365 S.W. 43RD LANE  
 MIAMI FL 33185

2. Principal Place of Business

1111 BRICKELL Bay DR

Suite, Apt. #, etc.

APT #1809

City & State

MIAMI, Florida

Zip

33131

Country

USA

3. Mailing Address

1111 BRICKELL Bay DR

Suite, Apt. #, etc.

APT 1809

City & State

MIAMI - Florida

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0496249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, GUILLERMO J

15365 S.W. 43RD LANE  
 MIAMI FL 33185

Address change only.  
 01/07/02

7. Name and Address of New Registered Agent

Name

RODRIGUEZ, Guillermo J.

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

1111 BRICKELL Bay DR #1809

City

MIAMI

FL

Zip Code

33131

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

Guillermo J. Rodriguez

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

(NOTE: Registered Agent signature required when not stating)

DATE

01/07/02

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	PSTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, GUILLERMO J	
STREET ADDRESS	15365 S.W. 43RD LANE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LIDIA	
STREET ADDRESS	15365 S.W. 43RD LANE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	RODRIGUEZ, Guillermo J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 BRICKELL Bay DR #1809	
STREET ADDRESS	MIAMI - Florida 33131	
CITY-ST-ZIP		
TITLE	RODRIGUEZ, LIDIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 BRICKELL Bay DR #1809	
STREET ADDRESS	MIAMI - Florida 33131	
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

(786) 425-2003

Daytime Phone #

CR2E034 (9/01)