

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/27

**FILED**

**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90103 041 \*\*\*150.00

**DOCUMENT # P95000009037**

1. Entity Name

**RODRIGUEZ JEWELRY INC.**

Principal Place of Business

Mailing Address

5701 E HILLSBOROUGH AVE  
2272  
TAMPA FL 33610  
US

2782 E FOWLER AVE #B  
TAMPA FL 33612-6297  
US

2. Principal Place of Business

3. Mailing Address

2121 University Square Mall

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip 33612

Country Hillsborough

Zip

Country

4. FEI Number

59-3295452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JORGE  
8711 MARLIN CT  
TAMPA FL 33634

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.

*Jorge Rodriguez* *Jorge Rodriguez* President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 D  
NAME RODRIGUEZ, JORGE  
STREET ADDRESS 8711 MARLIN CT  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-00 (813) 972-1251

CR2 F034 (9/99)