

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90924 009 \*\*\*150.00

DOCUMENT # *P95000078363*

1. Entity Name

TOWER SQUARE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1404-1407 13th St.

Suite, Apt. #, etc.

3. Mailing Address

905 SW 174th TERRACE

Suite, Apt. #, etc.

City & State

St. Cloud, FL.

City & State

PEMBROKE PINES, FL.

Zip

34769

Country

OSCEOLA

Zip

33029

Country

BROWARD

4. FEI Number

65-0626501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RODRIGUEZ, LUIS F G

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

905 SW 174th TERRACE

City

PEMBROKE PINES

FL

Zip Code

33029

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RODRIGUEZ, G., LUIS F  
905 SW 174th TERRACE  
PEMBROKE PINES, FL. 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
RODRIGUEZ, MAGDALENA V  
905 SW 174th TERRACE  
PEMBROKE PINES, FL. 33029

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Luis Fernando Rodriguez*  
Luis Fernando Rodriguez  
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

954-4368670

Daytime Phone #

CR2E034B (12/02)