2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082628 1. Entity Name

SIGNATURE:

CARLOS AUGUSTO RODRIGUEZ, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90099 001 ***150.00

544634645

			1						
Principal Place of Business 633 S ANDREWS AVE 402 FT LAUDERDALE FL 33301		Mailing Address 633 S ANDREWS AVE 402 FT LAUDERDALE FL 33	301						
US		US							
2. Principal	Place of Business	3. Mailing Address			1 1020/160/104 10/10/	OURIN BRINE BOAR			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		☐ CHEC	CK HERE IF	= MAKING	CHANGE	:S	
City & Sta	te	City & State			4 EEI Number	633911			Applied For
Zip	Country	Zip	Country		5. Certificate of Status			\$8.75 A	Not Applicable dditional
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Rea		ee Requi	red
BODBIOL	F7 040100 4		_ N	lame S	9/n/2	or new ries	gistered A		
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STE 402	IDHEWS AVE				.o. box number is not ac	.ceptable)			
	TDDALE EL AGGGA	^					-		
FILAUUE	ERDALE FL 33301	()	С	ity				Zip Co	do
8. The above	named entity submits this statement for ions of registered agent.	the ourpose of changing its	registered of	#ina na anain			FL	215 00	
	ions of registered agent.	y porpod of snariging its	registered of	ince or registere	ed agent, or both, in the St	ate of Florid	da. I am fa	miliar with	, and accept
SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	177/	~	-10	^ama	1/01	100		
	Signature typed or printed name of registered agent a	and title if applicate: (NOTE	E: Registered Ager	$\Delta U/2$	MIC	18/	03		
5 FI	LE NOW!!! FEE IS \$150.00		- negistereti Agei	in signature required v	when reinstating)		DATE		
~ .	May 1, 2003 Fee will be \$550.00	-			9. Election Camp	aian Einan	icina:	фг.	
Make Check	Payable to Florida Department of	State			Trust Fund Co	ntribution.		Adde	00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS (CHANGES	TO 6==:==			
TITLE	PSTD	□ Delete	TITLE		ADDITIONS/CHANGES	TO OFFICE			
	RODRIGUEZ, CARLOS A		NAME				L	Change	Addition
	633 S. ANDREWS AVE #402 FT LAUDERDALE FL 33301		STREET ADD	RESS					
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I hereby cer indicated or of the corpo changed, or	tify that the information supplied with the this report or supplemental report is to ration or the receiver or trustee empower on an attachment with an address, with	is filing does no quality for the ue and accurate and that my ered to execute this report as a light of the this report as a light of the like among the light of the like among the light of the light	ne exemption signature sha required by	stated in Sectional have the sarr Chapter 607, Flo	on 119.07(3)(i), Florida Sta ne legal effect as if made u orida Statutes; and that m	tutes. I furth inder oath; y name app	ner certify that I am a	hat the int	ormation or director