

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096567

1. Entity Name

JOSE A. RODRIGUEZ, P.A.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90070 016 \*\*\*150.00

Principal Place of Business

777 BRICKELL AVENUE  
SUITE 950  
MIAMI FL 33131

Mailing Address

777 BRICKELL AVENUE  
SUITE 950  
MIAMI FL 33131-2811

2. Principal Place of Business

150 ALHAMBRA CR.

3. Mailing Address

150 ALHAMBRA CR.

Suite, Apt. #, etc.

SUITE# 1270

Suite, Apt. #, etc.

SUITE# 1270

City & State  
CORAL GABLES, FL.

City & State  
CORAL GABLES, FL.

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

4. FEI Number 65-0628317

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, JOSE A  
777 BRICKELL AVENUE  
SUITE 950  
MIAMI FL 33131

Name  
RODRIGUEZ, JOSE A.

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

SUITE# 1270

City CORAL GABLES FL. FL Zip Code 33134

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

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	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE A	
STREET ADDRESS	777 BRICKELL AVE.,STE. 950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOSE A.	
STREET ADDRESS	150 ALHAMBRA CR. # 1270	
CITY-ST-ZIP	CORAL GABLES FL. 33134	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)