

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025477

1. Entity Name

LAW OFFICES OF RAY RODRIGUEZ, P.A.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90116 034 \*\*\*150.00

Principal Place of Business

3191 CORAL WAY  
SUITE 800  
MIAMI FL 33145

Mailing Address

3191 CORAL WAY  
SUITE 800  
MIAMI FL 33145

00048466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

999 Ponce De Leon Blvd.

Suite, Apt. #, etc.

#500

3. Mailing Address

999 Ponce De Leon Blvd.

Suite, Apt. #, etc.

#500

City & State

Miami, FL

City & State

Miami, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0672889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, REINALDO  
3191 CORAL WAY  
SUITE 800  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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.

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, 2001 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  
NAME RODRIGUEZ, REINALDO  
STREET ADDRESS 3191 CORAL WAY SUITE 800  
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 999 Ponce De Leon Blvd  
CITY-ST-ZIP #500 MIAMI, FL 33134 ☒ Change ☐ Addition

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

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

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

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

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

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01 (305) 443-3199  
Date Day/Time Phone #

CR2E034 (10/00)

0168239