

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90468 001 \*\*\*150.00  
 04-28-2000 90468 002 \*\*\*\*\*8.75

10524



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000032071**

**1. Entity Name**  
**MANUEL E. RODRIGUEZ CARPET SERVICE INC.**

**Principal Place of Business**      **Mailing Address**  
 5250 HAWKES BLUFF AVE.      5250 HAWKES BLUFF AVE.  
 DAVIE FL 33331      DAVIE FL 33331-3308

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **65-0657761**      **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, MANUEL E**  
**5250 HAWKES BLUFF AVE.**  
**DAVIE FL 33331**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.      ☐

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MANUEL E	
STREET ADDRESS	5250 HAWKES BLUFF AVE.	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Augusto Hernandez		
STREET ADDRESS	7300 WAYNE AVE. APT 220		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Manuel Aguilar		
STREET ADDRESS	1330 W. 29 ST. APT. 34		
CITY-ST-ZIP	HIALEAH, FL 33012		
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:** *Manuel E. Rodriguez*      **4/19/00**      **Date**      **Daytime Phone #**

CR2E034 (9/99)