

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049484

1. Entity Name  
**RODENBACH INVESTMENT, INC.**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90012 050 \*\*\*150.00

Principal Place of Business	Mailing Address
C/O EURO-AMERICAN CONSULTING INC 4001 TAMiami TRAIL N. #265 NAPLES FL 34105 US	C/O EURO-AMERICAN CONSULTING INC 4001 TAMiami TRAIL N. #265 NAPLES FL 34105 US

2. Principal Place of Business 5201 Blue Lagoon Drive	3. Mailing Address 5201 Blue Lagoon Drive
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Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
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City & State Miami, FL	City & State Miami, FL
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Zip 33126	Country USA	Zip 33126	Country USA
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4. FEI Number **65-0674618**

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

~~EURO-AMERICAN CONSULTING, INC.~~  
~~4001 TAMiami TRAIL NORTH~~  
~~STE 265~~  
~~NAPLES FL 33940~~

Name  
**Alexander Reus, Esq., c/o Becker & Poliakoff, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5201 Blue Lagoon Drive, Suite 100**  
City **Miami** FL Zip Code **33126**

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.

**Alexander Reus**

**2/8/01**

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DPST DOMINIQUE RODENBACH 3230 BUCHHESS DR NAPLES FL</b>	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2902 Gardens Boulevard Naples, FL 34105</b>	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  **Dominique Rodenbach**

**2/27/01**

**(305) 262-4433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)