

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90023 020 ***150.00

DOCUMENT # P96000082137**1. Entity Name**
FOUR ROD INVESTMENTS CORP.**Principal Place of Business**
19000 SW 192ND STREET
MIAMI FL 33187**Mailing Address**
19000 SW 192ND STREET
MIAMI FL 33187**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 65-0698330

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****RODRIGUEZ, DANIEL****19200 SW 216 ST.**
MIAMI FL 33170**19000 S.W. 192 ST**
MIAMI FL 33187**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, 2002 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** **DP** ☐ Delete
NAME **RODRIGUEZ, ALBERTO**
STREET ADDRESS **30545 SW 193 AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030****TITLE** **DV** ☐ Delete
NAME **RODRIGUEZ, ESTEBAN**
STREET ADDRESS **16451 NW 84 AVE.**
CITY-ST-ZIP **MIAMI FL 33016****TITLE** **DT** ☐ Delete
NAME **RAMALLO, ANA T**
STREET ADDRESS **541 SW 125 AVE**
CITY-ST-ZIP **MIAMI FL 33184****TITLE** **DS** ☐ Delete
NAME **RODRIGUEZ, DANIEL**
STREET ADDRESS **75860 SW 67TH STREET**
CITY-ST-ZIP **MIAMI FL 33143****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 #

4/25/02 305-253-2200

CR2E034 (9/01)