## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P97000011463



## FILED Mar 17, 2003 8:00 am Secretary of State

CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Na ERNEST	ame TO RODRIGUEZ HURRICA	ANE SHU	TTERS, INC.				03-17-2003 90	479 046 ***1 <i>5</i>	0.00
Suite, Apt. #, etc.    City & State	3440 N W 7 MIAMI FL 33	TH STREET	3440 MIAI	3440 N W 7TH STREET Miami FL 33125				A MARIARAN ANA KAKIN KARIN ARAN BAKIN	<del>J</del> ánh folol klon kink k	<b>iope o</b> hi <b>oo</b> hijekook
City & State  City & State Of Now Number is Not Acceptable  Name  Streed Address (P.D. Box Number is Not Acceptable)  City & FL Zin Code  City & FL Zin Code  City & FL Zin Code  City & State Of State Of Now Number is Not Acceptable)  City & FL Zin Code  City & FL Zin Co	2. Principal	Place of Business	3. Ma	3. Mailing Address						
Zip Country S. Certificate of Status Desired   SA.75 Additional   Fee Equired   Fee Equired   Fee Equired   Sa.75 Additional   Fee Equired	Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING CHANG	ES
September 2 p	City & Sta	ate	Cit	City & State			4.	1 0011/86125		
RODRIUEZ, JANET M 3440 N W 7TH STREET  MIAMIF I. 33125  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered digent.  Significant or registered algent.  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Added to Fees  FILE NOW!!! FEE IS \$150.00  Back Check Payabole to Florida Department of State  10. OFFICERS AND DIFFECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIFFEC	Zip	Country	Zìp	Zip Cou		try <b>5.</b> Certific				Additional
RODRIGUEZ, JANET M 3440 N W 7TH STREET MIAMI FL 33125  City  City  FL  City  FL  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligations of registered agent, or both, in the State of Floods. I am familiar with and uccept the obligation of registered agent, or both, in the State of Floods.  Signature for the State of Floods.  9. Election Carpaign Familiar  9. Election Carpaign Familiar  10. OFFICERS AND DIRECTORS In 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  PRODRIGUEZ, JANET:  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  OTHER ADDITIONS  OTHER		6. Name and Address of Curi	rent Register	egistered Agent						
Stroot Address (P.O. Box Number is Not Acceptable)  City FL Zin Code  City FL Zin Code  6. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and sociept the obligations of registered agent and test rapidates (InCITE Registered Agent agent, or both, in the State of Florida. It am familiar with, and sociept the obligations of registered agent and test rapidates (InCITE Registered Agent agent, or both, in the State of Florida. It am familiar with, and sociept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make: Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  ERNESTO, RODRIGUEZ  340 N W 7TH STREET  OTH-SI-ZP  MIAMI FL 33125  Delde  TITLE  NAME  STREET ADDRESS  OTH-SI-ZP  TITLE  NAME  STREET ADDRESS  O						Name		Hame and Address of New Reg	Jistered Agent	
MIAM FL 33125  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.  SIGNATURE  SIGNATUR  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATU	RODRIGU	JEZ, JANET M						•		
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature board or peritor rome or registered agent and life if evolutions.   PROTE Registered Agent algebrase required when re-teating)   DATE    FILE NOW!!! FEE IS \$150.00	3440 N V	V 7TH STREET			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SigNaTURE	MIAMI FL 33125									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU						City			Zip C	ode
Systems in proper or primed name of highered agent and late if happelabable   NOTE Regimend Agent signature required when verifications   DATE	8. The above the obliga	e named entity submits this stateme.	nt for the purp	oose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Floric		th, and accept
Systems in proper to primed camer of hysiswed agent and site if ausphalable   NOTE Registreed Agent signature required when winisativity)   DATE		;								
FILE NOW!!! FEE IS \$150.00     After May 1, 2003 Fee will be \$550.00     Make/Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE     NAME     STREET ADDRESS     CITY-ST-ZIP     MAME     STREET ADDRESS     CITY-ST-ZIP  ITILE     MAME     STREET ADDRESS		Signature, typed or printed name of registered a	cent and title if and	olicable (NOT	F: Renisterer	Agent cignoture con	ilvadbaa.a			<u> </u>
After May 1, 2003 Fee will be \$550.00 May Be Make*Check Payable to Florida Department of State  10.			5-11-12-12-12-12-12-12-12-12-12-12-12-12-	1		Agent signature requ	uirea when r	ernstating)	DATE	
TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Oblete TITLE NAME STREET ADDRESS CITY-ST-ZIP Oblete TITLE NAME STREET ADDRESS CITY-ST-ZIP Oblete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2003 Fee will be \$550.	.00 at of State						++	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				l BS	1 11		Á	DITIONO (OLIMANO TO OFFICE		
RAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			<del></del>	_	·	AL	DUTTONS/CHANGES TO OFFICE		
CITY-ST-ZIP  MIAMI FL 33125  CITY-ST-ZIP  RODRIGUEZ, JANET:  3440 N W 7TH STREET  OTHER STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	NAME			□ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TADDRESS 3440 N W 7TH STREET				STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY-	ST- ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1		☐ Delete	TITLE			. —	Change	Addition
CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		RODRIGUEZ, JANET								
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP										l
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		- MIAMI FL 33123	<del>_</del>		4-	ST-ZIP				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				L Delete					Change	☐ Addition
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					1				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP									1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				[] Change	- Addition
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP  CHANGE  STREET ADDRESS  CITY-ST-ZIP  CHANGE  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition	NAME								Change	L_1 Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHange Addition										
NAME STREET ADDRESS CITY-ST-ZIP  Delete  NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition  Change Addition  Change Addition  Change City-ST-ZIP		·		<u> </u>	City-s	ST-ZIP				
STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	l l			Delete					☐ Change	☐ Addition
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	STREET ADDRESS					ADDRESS				
TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  Delete  TITLE  Change Addition  Addition  Change Addition	CITY-ST-ZIP									
NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	TITLE			Delete						
STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP	NAME			- Delete					∐ Change	☐ Addition
	STREET ADDRESS					ADDRESS				ļ
12. 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 roped is true and accurate and the information indicated on this report or supplemental roped is true and accurate and the information indicated on this report or supplemental roped is true and accurate and the information indicated on this report or supplemental roped is true and accurate and the information indicated on this report or supplemental roped is true and accurate and the information indicated on this report or supplemental roped is true and accurate and the information indicated on this report or supplemental roped is true and accurate and accura	CITY-ST-ZIP									

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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. of the corporation or the reco

SIGNATURE