

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90074 023 \*\*\*163.75

**DOCUMENT # P97000041814**

1. Entity Name

**MIAMI EAGLE DRIVE SERVICE, INC.**

Principal Place of Business

**141 E. 4TH ST  
 HIALEAH FL 33010**

Mailing Address

**P. O. BOX 277531  
 MIRAMAR FL 33027-7531**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0744305**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, EDUARDO**

~~**4198 W 9TH LANE**~~

~~**HIALEAH FL 33012**~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**14280 SW 36 ct**

City **MIRAMAR**

FL

Zip Code **33027**

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 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
P	RODRIGUEZ, EDUARDO	4198 W 9TH LANE	HIALEAH FL 33012	<input type="checkbox"/>
VS	RODRIGUEZ, LUIS	740 W 33RD STREET	HIALEAH FL 33012	<input checked="" type="checkbox"/>
T	RODRIGUEZ, MAGALY	4198 W 9TH LANE	HIALEAH FL 33012	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		14280 SW 36 ct	MIRAMAR, FLA 33027	<input type="checkbox"/>	<input type="checkbox"/>
VS	EDUARDO E RODRIGUEZ	14280 SW 36 ct	MIRAMAR, FLA 33027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		14280 SW 36 ct	MIRAMAR, FLA 33027	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*Eduardo Rodriguez*

Date

**2-25-2000**

Daytime Phone #

**305 889-6611**

CR2E034 (9/99)