


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90813 048 ***150.00

DOCUMENT # P97000042735
1. Entity Name
Nelson A. Rodriguez-Varela, P.A. ✓



DO NOT WRITE IN THIS SPACE

10095651

2. Principal Place of Business 2 Alhambra Plaza Suite, Apt. #, etc. 801 City & State Coral Gables, FL Zip 33134 Country U.S.A.		3. Mailing Address 2 Alhambra Plaza Suite, Apt. #, etc. 801 City & State Coral Gables, FL Zip 33134 Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Nelson A. Rodriguez-Varela
Street Address (P.O. Box Number is Not Acceptable)
2 Alhambra Plaza
Suite 801
City Coral Gables FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nelson A. Rodriguez-Varela 2 Alhambra Plaza, Suite 801 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 10 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: 4/28/03 Daytime Phone: (305) 666-1330

CR2E034B (12/02)