2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000050330** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** RODVEN INTERNATIONAL, INC. 01-28-2000 90151 003 ***150.00 Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY **SUITE 110** SUITE 110 MIAMI FL 33145-3219 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0771344 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. Street Address (P.O. Box Number is Not Acceptable) 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change \☐ Addition DPD TITLE ☐ Delete TITLE RODRIGUEZ, RODOLFO JR. NAME NAME STREET ADDRESS STREET ADDRESS 3191 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Delete Change ☐ Addition TITLE NAME GOMEZ, LUIS E NAME STREET ADDRESS STREET ADDRESS 3191 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** Change ☐ Addition ☐ Delete TITLE BANDEL, STEVEN NAME NAME STREET ADDRESS STREET AUDRESS 3191 CORAL WAY CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33145** ☐ Addition ☐ Change ☐ Delete TITLE CASTILLO, FELIX NAME NAME STREET ADDRESS STREET ADDRESS 3191 CORAL WAY CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33145** ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

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

Daytime Phone #