

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90103 020 \*\*\*150.00

DOCUMENT # P97 0000 53322

1. Entity Name

RODRIGUEZ-ECHEVERRIA & ASSOCIATES, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

330 SW 27 Ave

Suite, Apt. #, etc.

SUITE 605

City & State

MIAMI, FL

Zip

33135

Country

USA

3. Mailing Address

330 SW 27 Ave

Suite, Apt. #, etc.

SUITE 605

City & State

MIAMI, FL

Zip

33135

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 0762327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

M. VICTORIA RODRIGUEZ-ECHEVERRIA

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

330 SW 27 Ave

SUITE 605

City

MIAMI

FL

Zip Code

33135

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/N/S/T/D  
M. VICTORIA RODRIGUEZ-ECHEVERRIA  
330 SW 27 Ave, STE 605  
MIAMI, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(M. VICTORIA RODRIGUEZ-ECHEVERRIA) 4/30/2002

Date

305-541-7400

CR2E034B (12/01)