

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065975

1. Entity Name

PHOENIX INDUSTRIES OF U.S.A., INC.

FILED

00 NOV -2 PM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7450 NW 66 ST
MIAMI FL 33166

Mailing Address

15476 NW 77 CT STE 363
MIAMI LAKES FL 33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0772456

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, PATRICIA M
69 EAST 14TH STREET
HIALEAH FL 33010

Name

Street Address P.O. Box Number is Not Acceptable

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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. PRESIDENTS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME RODRIGUEZ, PATRICIA M
STREET ADDRESS 69 EAST 14TH STREET
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE ~~President~~
NAME JOSE A SUAREZ ☐ Change ☒ Addition
STREET ADDRESS 2565 NW 107 AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE D
NAME RODRIGUEZ, PATRICIA M
STREET ADDRESS 69 EAST 14TH STREET
CITY-ST-ZIP HIALEAH FL 33010 ☒ Delete

TITLE V.P./S./T.
NAME RAFAEL R. TORRES ☐ Change ☒ Addition
STREET ADDRESS 15476 NW 77 COURT
CITY-ST-ZIP #363 MIAMI LAKES FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003472266--4
-11/21/00--01033--001
****758.75 ****758.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1-00

305 477 4461

CR2E034 (5/00)