

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM  
Secretary of State

DOCUMENT # P97000083473

1. Entity Name  
RODSAN, INC.

Principal Place of Business  
ONE S.E. 3RD AVE., 28TH FLOOR

MIAMI  
33131

FL

Mailing Address

ONE S.E. 3RD AVE., 28TH FLOOR

MIAMI  
33131

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O JANICE L. RUSSELL

Suite, Apt. #, etc.

ONE S.E. 3RD AVE., 28TH FLOOR

City & State

MIAMI

FL

Zip

33131

Country

4. FEI Number

65-0798701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
1 SE 3RD AVE., 28TH FL.

MIAMI  
33131

FL

US

7. Name and Address of New Registered Agent

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)

05/01/2001

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, 2001 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

TITLE D ☐ Delete  
NAME ALTAMIRANO ENRIQUE  
STREET ADDRESS 444 BRICKELL AVE. #51-274  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete  
NAME ALTAMIRANO THELMA  
STREET ADDRESS 444 BRICKELL AVE. #51-274  
CITY-ST-ZIP MIAMI FL 33131

TITLE P ☐ Delete  
NAME VITIER EBERTO A  
STREET ADDRESS 2655 LE JEUNE ROAD, STE. PH 2-B  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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: THELMA ALTAMIRANO

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)