SFOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000006984 **DOCUMENT#** RODRIGUEZ SEPTIC TANK SUCS, INC. 03 APR 28 AM 10: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12040 SW 1185t. 12040 SWIIBST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami FC. Mari 65-0829179 Not Applicable -Country---Zip Country \$8.75 Additional 5. Certificate of Status Desired 33186 Fee Required 7. Name and Address of Current Registered Agent NameRoberto Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE IN THIS SPACE 12040 SW 118st. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. President. TITLE TITLE CR2E034B (12/01) 900017198569 04/28/03--01084--002 **150.00 Roberto Rodrinuez. NAME NAME 12040 SW11857, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33186 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 reperver of 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, with all other like empowered. Roberto Rodriguez

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: