

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016827

1. Entity Name

RODERICK COLEMAN & ASSOCIATES, P.A.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90024 008 ***150.00

Principal Place of Business

Mailing Address

2151 LEJEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

2151 LEJEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

122 Minorca Ave.
Suite, Apt. #, etc.

122 Minorca Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Gables Fl.

City & State
Coral Gables, Fl.

4. FEI Number
65-0813438

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

COLEMAN, RODERICK F ESQ.
2151 LEJEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

Name
Coleman, Roderick F.

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

City
CORAL GABLES FL Zip Code
33146

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLEMAN, RODERICK F
2151 LEJEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADDRESS only ☒ Change ☐ Addition
122 Minorca Ave. Coral Gables, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00 305-448-1888

CR-2034 (9/99)