

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P98000052830

1. Entity Name
LAW OFFICES OF AIDA M. RODRIGUEZ P.A.

FILED

00 JUL 19 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4809 NORTH ARMENIA AVE. SUITE 227
TAMPA FL 33603

Mailing Address
4809 NORTH ARMENIA AVE. SUITE 227
TAMPA FL 33603



DO NOT WRITE IN THIS SPACE

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 **59-3515274**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, AIDA M
4809 NORTH ARMENIA AVE. SUITE 227
TAMPA FL 33603

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, AIDA M 4809 NORTH ARMENIA AVE. SUITE 227 TAMPA FL 33603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003349988--2 -08/08/00--01095--017 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 those empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/12/00** Daytime Phone # **813 895-3115**

LAW OFFICES OF
AIDA M. RODRIGUEZ

2002

PERSONAL INJURY & WRONGFUL DEATH

Phone: 813-875-3115
Facsimile: 813-875-5216

4809 N. Armenia, Suite 227
Tampa, Florida 33603

July 12, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: FEI #: 59-3515274
Document #: P98000052830

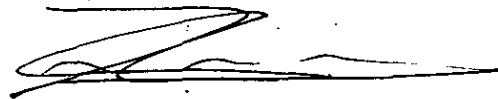
Dear Sir or Madam:

Unfortunately, this year our office has undergone changes; some reorganization and some employee transitions. This is the first Notice that we have received and may be the result of employee misfiling and lack of notification. We are a small company and paying the \$550.00 is an undue burden. Please rest assured that I will note it in our file so that next year this mistake does not happen again. I am enclosing check #3572, made payable to Department of State in the amount of \$150.00. Please accept this payment as the amount due.

Should you have any questions regarding the above, please do not hesitate to contact our office.

AMR/amc

Sincerely yours,



Aida M. Rodriguez