

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90146 013 ***150.00

DOCUMENT # P98000052830

1. Entity Name

LAW OFFICES OF AIDA M. RODRIGUEZ P.A.

Principal Place of Business 4809 NORTH ARMENIA AVE. SUITE 227 TAMPA FL 33603	Mailing Address 4809 NORTH ARMENIA AVE. SUITE 227 TAMPA FL 33603
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2. Principal Place of Business 8002 N Florida Ave	3. Mailing Address P.O. Box 7778
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State Tampa FL
Zip 33604	Country USA
Country USA	Zip 33673

4. FEI Number **59-3515274** 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
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)
8002 N Florida Ave
 City **Tampa** **FL** Zip Code **33604**

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]* **AIDA M. RODRIGUEZ, OWNER** DATE **2/2/01**
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 \$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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8002 N Florida Ave Tampa FL 33604
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 like empowered.

SIGNATURE: *[Signature]* **AIDA M. RODRIGUEZ, OWNER** DATE **2/2/01** **813-237-2432**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)