

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90140 026 ***150.00

0679328 FP

DOCUMENT # P98000072135

1. Entity Name
RODRIGUEZ ONE, CORP.



Principal Place of Business
222 TOTOLOCHEE DRIVE
HIALEAH FL 33010

Mailing Address
222 TOTOLOCHEE DRIVE
HIALEAH FL 33010

2. Principal Place of Business
5035 PALM AVE.
Suite, Apt. #, etc.

3. Mailing Address
5035 PALM AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
HIALEAH FL.
Zip
33012
Country

City & State
HIALEAH FL.
Zip
33012
Country

4. FEI Number 65-0858305
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, SERGIO
222 TOTOLOCHEE DRIVE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name
WILFREDO J. GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
1340 N.W. 116 ST.
City MIAMI FL Zip Code 33167

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wilfredo J. Gonzalez* WILFREDO GONZALEZ 3/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SERGIO	
STREET ADDRESS	222 TOTOLOCHEE DRIVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	SDV	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARIA T	
STREET ADDRESS	222 TOTOLOCHEE DRIVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, WILFREDO J.	
STREET ADDRESS	1340 N.W. 116 ST.	
CITY-ST-ZIP	MIAMI, FL. 33167	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilfredo J. Gonzalez* WILFREDO J. GONZALEZ 3/19/03 (786)290-6933
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)