

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085913

1. Entity Name

SILVIA RODRIGUEZ, P.A.

Principal Place of Business

42 N.W. 133 PLACE  
MIAMI FL 33182

Mailing Address

42 N.W. 133 PLACE  
MIAMI FL 33182

2. Principal Place of Business

16350 SW 87 Place  
Suite, Apt. #, etc.

3. Mailing Address

16350 SW 87 Place  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33157

Country

USA

Zip

33143

Country

USA

4. FEI Number

59-3544045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAFAEL E JR.  
9630 SUNSET DRIVE  
SUITE 287  
MIAMI FL 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 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  
PSD  
RODRIGUEZ, SILVIA C  
42 N.W. 133 PLACE  
MIAMI FL 33182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPTD  
RODRIGUEZ, RAFAEL E JR.  
9360 SUNSET DRIVE SUITE 287  
MIAMI FL 33173 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
16350 SW 87 Place  
Miami FL 33157 ☒ Change ☐ Addition

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

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

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 #

4-10-01 305 775-1497

CR2E034 (10/00)

023156

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90131 008 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE