

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90057 040 ***150.00

DOCUMENT # P98000087579

1. Entity Name

RODRIGUEZ & ANGELO, P.A.

Principal Place of Business

600 BANCO SANTANDER CTR
1401 BRICKELL AVE
MIAMI FL 33131

Mailing Address

600 BANCO SANTANDER CTR
1401 BRICKELL AVE
MIAMI FL 33131

900011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

333 North New River Drive East

3. Mailing Address

333 North New River Drive East

Suite, Apt. #, etc.

Suite 4000

Suite, Apt. #, etc.

Suite 4000

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33301

Country

Broward

Zip

33301

Country

Broward

4. FEI Number

65-0868514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELO, THOMAS P
201 S. BISCAYNE BLVD., SUITE 2300
MIAMI FL 33131-4329

Name

Thomas P. Angelo

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

333 North New River Drive East, Suite 4000

City

Fort Lauderdale

FL

Zip Code

33301

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]
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, 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	D RODRIGUEZ, FRANK R 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131-4329	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELO, THOMAS P 201 S. BISCAYNE BLVD., SUITE 2300 MIAMI FL 33131-4329	<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
600 Banco Santander center 1401 Brickell Avenue Miami, Florida 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
333 North New River Drive East, Suite 4000 Fort Lauderdale, Florida 33301	
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
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)