

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004788

1. Entity Name

GEORGIA ENTERPRISES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90133 003 \*\*\*150.00

Principal Place of Business

TRUST BUILDING  
BRICKELL AVE., STE. 950  
FL 33131

Mailing Address

SUN TRUST BUILDING  
777 BRICKELL AVE., STE. 950  
MIAMI FL 33131-2811

A0040048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 Alhambra Circle  
Suite, Apt. #, etc.  
Suite 1270

3. Mailing Address

150 Alhambra Circle  
Suite, Apt. #, etc.  
Suite 1270

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0887402

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A  
SUN TRUST BUILDING  
777 BRICKELL AVE., STE. 950  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
Rodriguez, Jose A.  
Street Address (P.O. Box Number is Not Acceptable)  
150 Alhambra Circle, Suite 1270  
City  
Coral Gables, FL Zip Code  
33134

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 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, 2000 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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE A	
STREET ADDRESS	777 BRICKELL AVE., STE. 950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUCHER, RICHARD A	
STREET ADDRESS	777 BRICKELL AVE., STE. 950	
CITY-ST-ZIP	MIAMI FL 33131	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Jose A.	
STREET ADDRESS	150 Alhambra Circle, Suite 1270	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boucher, Richard A.	
STREET ADDRESS	150 Alhambra Circle, Suite 1270	
CITY-ST-ZIP	Coral Gables, FL 33134	
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		

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:

*Jose A. Rodriguez* D. 4/10/00 205-445-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)