

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90001 035 ***150.00

DOCUMENT # P99000024296

1. Entity Name

JOHN & ALDA RODRIGUEZ ENTERPRISES, INC.

Principal Place of Business

**13005 TOM GALLAGHER ROAD
 DOVER FL 33527**

Mailing Address

**13005 TOM GALLAGHER ROAD
 DOVER FL 33527**

2. Principal Place of Business

12855 Raysbrook Dr.

Suite, Apt. #, etc.

3. Mailing Address

12855 Raysbrook Dr.

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Riverview, FL

Zip

33569

Country

Zip

33569

Country

4. FEI Number

59-3571630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOHN
 13005 TOM GALLAGHER ROAD
 DOVER FL 33527**

7. Name and Address of New Registered Agent

Name

Rodriguez, John

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

12855 Raysbrook Dr.

City

Riverview

FL

Zip Code

33569

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

John Rodriguez

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

John A. Rodriguez

(Not) Registered Agent signature required when reinstating)

5/27/01

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 **D** ☐ Delete
 NAME **RODRIGUEZ, JOHN**
 STREET ADDRESS **13005 TOM GALLAGHER ROAD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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 is 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:

John A. Rodriguez

John Rodriguez

5/27/01

813-765-9130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

5/27/2001

Doc. # P9900002456
172165

Department of Corporations

Please accept this late filing of this form. This is our second year being incorporated and I am not familiar with the forms and dates I need to remember.

We just had a new baby and moved into a new house which was not completed until 2 months later than we had expected and all our documents were in storage. We even had to get an extension on filing our Taxes..

I am sending a check for \$150.00 and this explanation letter as I was instructed to do by someone at your office. I called as soon as I realized that this form was past due. If you have any questions, please call me on my Cell Phone at 813-765-9130..

Thank You,



John Rodriguez