

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027427

1. Entity Name

RODMAN FOOTWEAR CORP.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90049 013 \*\*\*150.00

Principal Place of Business

Mailing Address

7920 SW 158 CT.  
MIAMI FL 33193

7920 SW 158 CT.  
MIAMI FL 33193-2973

2. Principal Place of Business

911 NW 209<sup>th</sup> Avenue

Suite, Apt. #, etc.

Suite 109

City & State  
Pembroke Pines, FL

Zip

33029

Country

USA

3. Mailing Address

911 NW 209<sup>th</sup> Avenue

Suite, Apt. #, etc.

Suite 109

City & State  
Pembroke Pines, FL

Zip

33029

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0918378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

CASTILLO, JOSE A  
7920 SW 158 CT.  
MIAMI FL 33193

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Jose A. Castillo	7920 SW 158 CT	Miami, FL 33193	<input type="checkbox"/>
Vice-President	Manuel G. Rodriguez	331 CAMBRIDGE DRIVE	Weston, FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Manuel G. Rodriguez

4/19/2000

Date

954-438-1430

Daytime Phone #

CR2E034 (9/99)