

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000044314**

1. Entity Name

HECTOR A. RODRIGUEZ CORPORATION**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90017 034 ***150.00

Principal Place of Business

557 ASPEN ROAD
WEST PALM BEACH FL 33409

Mailing Address

557 ASPEN ROAD
WEST PALM BEACH FL 33409

2. Principal Place of Business

ACTOS PIZZA
#1709 Belvedere RD

3. Mailing Address

1709 Belvedere RD

Suite, Apt. #, etc.

City & State

W.P.B. FLA.

City & State

W.P.B. FLA

Zip

33406

Country

FLA

Zip

33406

Country

FLA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0919397**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, HECTOR A
557 ASPEAL ROAD
WEST PALM BEACH FL 33409

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 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 State10. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D									
	RODRIGUEZ, HECTOR A	557 ASPEN ROAD	WEST PALM BEACH FL 33409							

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 #

CR2E034 (10/00)