

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90482 014 ***150.00

DOCUMENT # P99000045322

1. Entity Name
JULIO A. RODRIGUEZ, ESQ., P.A.



Principal Place of Business
**15225 N.W. 77TH AVENUE
SUITE 201
MIAMI LAKES FL 33014**

Mailing Address
**15225 N.W. 77TH AVENUE
SUITE 201
MIAMI LAKES FL 33014**



2. Principal Place of Business
6177 Miami Lakes Drive

Suite, Apt. #, etc.

3. Mailing Address
6177 Miami Lakes Drive

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES
ADDRESS ONLY

City & State
Miami Lakes, Florida

Zip
33014

Country
U.S.

City & State
Miami Lakes, Florida

Zip
33014

Country
U.S.

4. FEI Number
65-0929182

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JULIO A ESQ.
15225 N.W. 77TH AVENUE
SUITE 201
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name
JULIO A. RODRIGUEZ, ESQ.

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

6177 Miami Lakes Drive

City **Miami Lakes, Florida** **FL** Zip Code **33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julio A. Rodriguez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CHANGE ADDRESS ONLY

3/12/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RODRIGUEZ, JULIO A ESQ 15225 NW 77TH AVE, STE 201 MIAMI LAKES FL 33014
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D RODRIGUEZ, JULIO A. ESQ. 6177 Miami Lakes Drive Miami Lakes, Florida 33014
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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julio A. Rodriguez **3/12/03** **305-825-4778**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)