

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90964 005 ***150.00

DOCUMENT # P99000050494

1. Entity Name
DIPP, RODRIGUEZ AND ASSOCIATES INC.



Principal Place of Business
**5407 SW 140TH CT
MIAMI FL 33175**

Mailing Address
**5407 SW 140TH CT
MIAMI FL 33175**

2. Principal Place of Business

960-B North Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

960-B North Federal Hwy
Suite, Apt. #, etc.

City & State
Pompano Beach, FL
Zip
33062
Country
USA

City & State
Pompano Beach FL
Zip
33062
Country
USA

4. FEI Number
65-0927028

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIPP, SALVADOR
~~**2954 S.W. 38 AVE.**~~
~~**MIAMI FL 33134**~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
960-B North Federal Hwy
City **Pompano Beach** **FL** Zip Code **33062**

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4-26-2003

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 **PD** ☐ Delete
NAME **DIPP, SALVADOR**
STREET ADDRESS **2954 S.W. 38 AVE.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **STD** ☐ Delete
NAME **RODRIGUEZ, ALFREDO**
STREET ADDRESS **10771 S.W. 27 STREET**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2003 **954-782-9380**
Date Daytime Phone #

CR2E034 (10/02)