

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109766

1. Entity Name

RODRIGUEZ INDUSTRIES, CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90931 026 ***150.00

Principal Place of Business

Mailing Address

1501 W 42 St. Apt #105
 HIALEAH FL 33012

1501 W 42 St Apt #105.
 HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

1501 W 42 ST

1501 W 42 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 105

APT #105

City & State

City & State

Hialeah Florida

Hialeah FL 33012

Zip

Country

Zip

Country

33012

USA

33012

USA

4. FEI Number

Applied For

65-0998759

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, LEONCIO F.
 1501 W 42 St. Apt #105.
 HIALEAH FL 33012

Name

Leoncio F Rodriguez

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

1501 West 42 St. #105

City

Hialeah

FL

Zip Code

33012

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PUTS
 Leoncio F Rodriguez
 1501 WEST 42 ST. APT 105
 Hialeah, FL 33012

☐ Delete

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

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☐ Change ☐ Addition

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

Leoncio Rodriguez

Date

Daytime Phone #

(305) 608 7193

CR2E034 (9/99)