

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109766

1. Entity Name

RODRIGUEZ INDUSTRIES, CORP.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90027 020 ***150.00

Principal Place of Business

1501 W 42 ST
APT 105
HIALEAH FL 33012

Mailing Address

1501 W 42 ST
APT 105
HIALEAH FL 33012

2. Principal Place of Business

609 NW 58TH Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33126

Country

USA

Country

4. FEI Number

65-0998759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, LEONCIO F
1501 WEST 42 ST
105
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

Rodriguez, Leoncio F.

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

609 NW 58TH Avenue

City

Miami

FL

Zip Code

33126

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.

Leoncio F Rodriguez

(NOTE: Registered Agent signature required when reinstating)

3/14/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
PUTS
RODRIGUEZ, LEONCIO F
STREET ADDRESS
1501 WEST 42 ST APT 105
CITY-ST-ZIP
HIALEAH FL 33012

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 #

3/14/01 305-463-7690

CR2E034 (10/00)