

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 012 ***150.00

0292780 AV

DOCUMENT # V61850

1. Entity Name
WEST TAMIAMI ACRES, INC.



Principal Place of Business
C/O FERNANDO RODRIGUEZ
1411 NW 89TH COURT
MIAMI FL 33172-3005

Mailing Address
C/O FERNANDO RODRIGUEZ
1411 NW 89TH COURT
MIAMI FL 33172-3005



2. Principal Place of Business
C/O FERNANDO RODRIGUEZ

3. Mailing Address
C/O FERNANDO RODRIGUEZ

Suite, Apt. #, etc.
1111 CRANDON BLVD APT A-407

Suite, Apt. #, etc.
1111 CRANDON BLVD

City & State
Key Biscayne FL

City & State
Key Biscayne FL

Zip
33149

Zip
33149

4. FEI Number
65-0388388

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

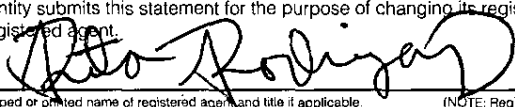
6. Name and Address of Current Registered Agent

RODRIGUEZ, FERNANDO
1411 NW 89TH COURT
MIAMI FL 33172-3005

7. Name and Address of New Registered Agent

Name
RODRIGUEZ, FERNANDO
Street Address (P.O. Box Number is Not Acceptable)
1111 CRANDON BLVD, APT A-407
City
Key Biscayne FL Zip Code
33149

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

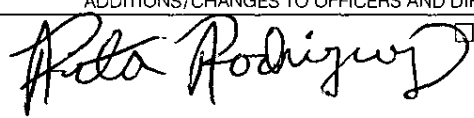
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	D RODRIGUEZ, RITA 1411 NW 89TH COURT MIAMI FL 33172	<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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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, without other like empowered.

SIGNATURE:  **WEST TAMIAMI ACRES, INC.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/29/03** Daytime Phone # **786-253 1530**
305-361 5062

CR2E034 (10/02)