

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Jun 20, 2002 8:00 am  
Secretary of State**

DOCUMENT # **PO1000115382**

06-20-2002 90057 022 \*\*\*150.00

1. Entity Name

**Robert & Graham, Inc.**

**DO NOT WRITE IN THIS SPACE**

**870179**

2. Principal Place of Business

**641 E. Melrose Circle**

3. Mailing Address

**641 E. Melrose Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, Fl.**

City & State

**Ft. Lauderdale, Fl.**

4. FFL Number

**65-1157610**

Applied For

Not Applicable

Zip

**33312**

Country

**U.S.A.**

Zip

**33312**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Joseph K. Nafi, P.A.**

Street Address (For Home Use Not Applicable)

**3284 N. State Rd. 7**

**DO NOT WRITE  
IN THIS SPACE**

**Lauderdale Lakes**

**FL**

**33319**

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 of officer or director of corporation and the filer

Signature of current agent (signature required if new registration)

**4/30/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<b>PTD</b>
NAME	<b>Robert Barfield</b>
STREET ADDRESS	<b>641 E. Melrose Circle</b>
CITY- ST- ZIP	<b>Ft. Lauderdale, Fl. 33312</b>
TITLE	<b>NSD</b>
NAME	<b>Ashley Graham</b>
STREET ADDRESS	<b>641 E. Melrose Circle</b>
CITY- ST- ZIP	<b>Ft. Lauderdale, Fl. 33312</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an attachment with an address, with all other like employees.

Attachment

PO 1000115382  
870179

Attn: UBR Officer

Please be advised  
that we did not get  
the UBR Report.  
Therefore we are  
sending a blank  
form so it can be  
renewed. Thank you.