

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90010 012 \*\*\*150.00

**DOCUMENT # P95000084847**

1. Entity Name

**ROBYMAR CORP.**

Principal Place of Business

Mailing Address

1242 OCEAN REEF RD  
 WESLEY CHAPEL FL 33543  
 US

1242 OCEAN REEF RD  
 WESLEY CHAPEL FL 33543-6638  
 US

2. Principal Place of Business

**13031 NW 1 ST.**

3. Mailing Address

**13031 N.W. 1 ST.**

Suite, Apt. #, etc.

**#109**

Suite, Apt. #, etc.

**#109**

City & State

**PENBROKE PINES, FL**

City & State

**PENBROKE PINES, FL**

4. FEI Number

**65-0617518**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COMIN, ROBERTO**  
 1242 OCEAN REEF RD  
 WESLEY CHAPEL FL 33543

7. Name and Address of New Registered Agent

Name **ROBERTO COMIN**

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

**13031 N.W. 1 ST. #109**

City **PENBROKE PINES**

FL

Zip Code **33028**

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 *Roberto Comin B.* **ROBERTO COMIN PD** **4-3-2000**

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.

**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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COMIN-BADIA, ROBERTO</b>	
STREET ADDRESS	<b>3630 S 51ST ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, MARIELA</b>	
STREET ADDRESS	<b>3630 S 51ST ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>IZAGUIRRE, MARITZA</b>	
STREET ADDRESS	<b>3630 S 51ST ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COMIN, GLORIA</b>	
STREET ADDRESS	<b>3630 S 51ST ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13031 NW 1 ST. #109</b>	
STREET ADDRESS	<b>PENBROKE PINES, FL 33028</b>	
CITY-ST-ZIP	<b>PENBROKE PINES, FL 33028</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13031 NW 1ST. #109</b>	
STREET ADDRESS	<b>PENBROKE PINES, FL 33028</b>	
CITY-ST-ZIP	<b>PENBROKE PINES, FL 33028</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13031 NW 1ST. #109</b>	
STREET ADDRESS	<b>PENBROKE PINES, FL 33028</b>	
CITY-ST-ZIP	<b>PENBROKE PINES, FL 33028</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Roberto Comin B.* **ROBERTO COMIN PD**

**4-3-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #