

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001237

1. Entity Name
ROBERTS FUNERAL SERVICE, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90023 040 ***150.00

Principal Place of Business Mailing Address
1806 NW 29 ST 1806 NW 29 ST
OAKLAND PARK FL 33311-122X 2124 OAKLAND PARK FL 33311-122X 2124
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0717375** Applied For
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

MARX, JAMES ESQ
201 S BISCAYNE BLVD
OAKLAND PARK
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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, 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	PD	<input type="checkbox"/> Delete
NAME	ROBERT, LEON M	
STREET ADDRESS	7917 NW 7 CT	
CITY-ST-ZIP	PLANTATION FL 33324-1464	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, JOAN P	
STREET ADDRESS	7917 NW 7 CT	
CITY-ST-ZIP	PLANTATION FL 33324-1464	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POPLIN, MARK K	
STREET ADDRESS	17435 NW 85 AVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOLF, RICHARD B	
STREET ADDRESS	3965 E 10 CT.	
CITY-ST-ZIP	HIALEAH FL 33013	
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 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	
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: *Leon M. Roberts - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2001 (954) 485-7544
Date Daytime Phone #

CR2E034 (10/00)