

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90101 006 \*\*\*150.00

DOCUMENT # S81004

1. Entity Name  
**ROB-LU CORP.**

Principal Place of Business <b>8970 SW 85 TERRACE MIAMI FL 33173</b>	Mailing Address <b>8970 SW 85 TERRACE MIAMI FL 33173-4333</b>
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2. Principal Place of Business <b>10 Edgewater Drive Suite, Apt. #, etc. 6H</b>	3. Mailing Address <b>10 Edgewater Drive Suite, Apt. #, etc. 6H</b>
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City & State <b>Coral Gables FL</b>	City & State <b>Coral Gables FL</b>
Zip <b>33133</b>	Country <b>USA</b>

4. FEI Number <b>65-0454508</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**METZLER, LUCYANN  
~~8970 SW 85 TERRACE~~  
 MIAMI FL 33173**

7. Name and Address of New Registered Agent  
 Name  
**Lucyann Metzler**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10 Edgewater Drive 6H**  
 City  
**Coral Gables FL** Zip Code  
**33133**

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 *Lucyann Metzler* DATE **2-25-2000**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>METZLER, LUCYANN</b> <b>8970 SW 85 TERRACE</b> <b>MIAMI FL 33173</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Metzler Lucyann</b> <b>10 Edgewater Drive 6H</b> <b>Coral Gables FL 33133</b> <input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lucyann Metzler* DATE: **2-25-2000** DAYTIME PHONE #: **305 669-2189**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR