2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) S81004

1. Entity Name

NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

ROB-LU CORP.

DOCUMENT #



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90236 036 ***150.00

☐ Change

Change

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				WE TO					
Principal Place of Business 10 EDGE WATER DR 6H CORAL GABLES FL 33133		Mailing Address 10 EDGE WATER DR 6H CORAL GABLES FL 33133							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	FEI Number 65-0454508		oplied For ot Applicable	
Zip	Country	Zip	Co	untry	5.		3.75 Ade e Require		
6.	Name and Address of Current	Registered Agent			7.	Name and Address of New Registered Age	ent		
			. •	Name -		groupe at the large of the section o			
METZLER, LUCYANN 10 EDGEWATER DR 6H				Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33133				·					
				City		- FL	Zip Cod	е	
the obligations of				ered office or reg		gent, or both, in the State of Florida. I am farr	niliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added		0 May Be d to Fees		
10.	OFFICERS AND	DIRECTORS	1	1.	Α	DDITIONS/CHANGES TO OFFICERS AND D			
STREET ADDRESS 10 E	ZLER, LUCYANN DGEWATER DR 6H AL GABLES FL 33133	□ De	N. S'	TLE AME Treet address Ty-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	elete Ti	TLE AME IREET ADDRESS ITY-ST-ZIP		С	Change	Addition	
TITLE			elete Ti	TLE			Change	Addition	

12. Thereby 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, with all other like empowered

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

□ Delete

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE