

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084847

1. Entity Name

ROBYMAR CORP.

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

04-13-2000 90010 012 ***150.00

Principal Place of Business
1242 OCEAN REEF RD
WESLEY CHAPEL FL 33543
US

Mailing Address
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
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33028

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0617518
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 Pembroke 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 DATE 4-3-2000
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. ☐
(See criteria on back)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMIN-BADIA, ROBERTO 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1 ST. #109 Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, MARIELA 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1 ST. #109 Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZAGUIRRE, MARITZA 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1 ST. #109 Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMIN, GLORIA 3630 S 51ST ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13031 NW 1 ST. #109 Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Roberto Comin B. Roberto Comin PD DATE 4-3-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR