

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90038 015 \*\*\*150.00

DOCUMENT # P01000074866

1. Entity Name  
LIVINGSTON ROAD INVESTMENTS, INC.

Principal Place of Business

671 NE 118 ST  
BISCAYNE PK FL 33161

Mailing Address

671 NE 118 ST  
BISCAYNE PK FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O TR HERRERA #1004  
1250 E. HALLANDALE BCH BLVD

City & State  
HALLANDALE, FL

Zip Country  
33009 USA

3. Mailing Address

C/O TR HERRERA #1004  
1250 E. HALLANDALE BCH BLVD

City & State  
HALLANDALE, FL

Zip Country  
33009 USA

4. FEI Number  
65-1126491

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBIE, BRIAN P  
671 NE 118 ST  
BISCAYNE PK FL 33161

7. Name and Address of New Registered Agent

Name  
ROBBIE, BRIAN P.  
Street Address (P.O. Box Number is Not Acceptable)  
C/O TR HERRERA  
1250 E. HALLANDALE BCH BLVD #1004  
City  
HALLANDALE FL Zip Code  
33009

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 *Brian Robbie*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/17/02

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, 2002 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  
DP  
ROBBIE, BRIAN P  
671 NE 118 ST  
BISCAYNE PK FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ROBBIE, BRIAN  
C/O TR HERRERA, 1250 E. HALLANDALE BCH BLVD #1004  
HALLANDALE, FL 33009 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Brian Robbie* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02 954-457-0970

Date

Daytime Phone #

CR2E034 (9/01)