

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90073 005 ***150.00

DOCUMENT # 416587

1. Entity Name
PRODUCTS BY ROBERTS INC

Principal Place of Business
1490 S. DIXIE HWY EAST
POMPANO BEACH FL 33060

Mailing Address
1490 S. DIXIE HWY EAST
POMPANO BEACH FL 33060

2. Principal Place of Business
821 NW 49th WAY

3. Mailing Address
821 NW 49th WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COCONUT CREEK FL

City & State
COCONUT CREEK FL

Zip
33063

Country
USA

Zip
33063

Country
USA

4. FEI Number **59-1433360**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

POPIEL, ROBERT F
1490 S. DIXIE HWY E.
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name **ROBERT F POPIEL JR**

Street Address (P.O. Box Number is Not Acceptable)

821 N.W. 49th WAY

City **COCONUT CREEK**

FL

Zip Code **33063**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-02

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 **P** ☐ Delete
NAME **POPIEL, ROBERT F. JR.**
STREET ADDRESS **77 SW 3RD ST**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ROBERT F POPIEL JR**
STREET ADDRESS **821 N.W. 49th WAY**
CITY-ST-ZIP **COCONUT CREEK, FL 33063**

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

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

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

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

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02 (954) 689-8920

Date

Daytime Phone #

CR2E034 (9/01)