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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYP

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 519637** 1. Entity Name ROBRAM INVESTMENTS, INC. 04-11-2001 90028 027 ***150.00 Principal Place of Business Mailing Address C/O RICHARD KROOP, ESQ. C/O RICHARD KROOP, ESQ. 420 LINCOLN ROAD 420 LINGOLN RGAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address \mathscr{B} $\overset{\circ}{\infty}$ Due West 800 West Aue Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE C-1City & State City & State 4. FEI Number Applied For NOT APPLICABLE MIBMI BEACH BEACH 76 MIDMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired ÜŚA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KROOP, RICHARD I. ESQ. Street Address (P.O. Box Number is Not Acceptable) **420 LINCOLN ROAD** MIAMI BEACH FL 33139 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible ~10. Election Campaign Financing -**\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAUER, JACK NAME NAME 3000 WILLIAMS ISLAND BLV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH. FL. CITY-ST-ZIP DAS ☐ Delete TITLE Change ☐ Addition TITLE KROOP, RICHARD NAME NAME STREET ADDRESS 420-LINCOLN ROAD STREET ADDRESS 800 west avc CITY-ST-ZIP MIAMI BCH, FL 00000 CITY-ST-ZIP min mi BEACH TITLE Delete TITLE Change ☐ Addition NAME HAUER, AMY NAMÉ STREET ADDRESS 3000 WILLIAMS ISLAND BLV STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH FL CITY*ST=ZIP* n TITLE ☐ Delete TITLE Change ☐ Addition HAUER, AMY NAME NAME STREET ADDRESS 3000 WILLIAMS ISLAND BLV STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.