

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90359 034 \*\*\*150.00

**DOCUMENT # 573411**

1. Entity Name  
**SEVEN ROBIN PLAZA, INC.**



Principal Place of Business  
**520 WEST EMMETT STREET  
KISSIMMEE FL 34741-3606**

Mailing Address  
**520 WEST EMMETT STREET  
KISSIMMEE FL 34741-3606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2982410**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWNSEND, FRANK M.  
520 EMMETT STREET  
KISSIMMEE FL 32741**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP LOWENSTEIN, JUDITH**  
STREET ADDRESS **136 EAST 64TH ST., APT 8B**  
CITY-ST-ZIP **NEW YORK CITY NY**

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

TITLE ☐ Delete  
NAME **SD GREENSTEIN, CORINNE**  
STREET ADDRESS **18841 HAYWOOD TERRACE 16**  
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judith A. Lowenstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Manuel P. Ruiz*  
Daytime Phone # **212 223-0931**

CR2E034 (10/02)

*Attachment*

573411

LAW OFFICES  
**LEVITT & CERCIELLO, ESQS.**

75 MAIN STREET  
P.O. BOX 486  
MILLBURN, N.J. 07041

973-379-4466

FAX

973-379-3197

e-mail llevitt@levittlaw.com

LAWRENCE LEVITT  
ANTHONY CERCIELLO\*

\*ADMITTED N.J. & N.Y.

ISRAEL OFFICE  
KATZ & LEVITT, ESQS.  
15 ABARBANEL STREET  
JERUSALEM, ISRAEL  
011-972-2-561-2111  
FAX 972-2-566-2541  
e-mail israelaw@netmedia.net.il

January 20, 2003

*80015765*

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

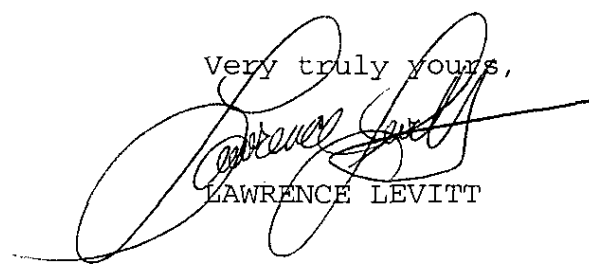
**Re: Seven Robin Plaza, Inc.**

Dear Madam/Sir:

Enclosed please find 2003 For Profit Corporation Uniform Business Report with the \$150.00 attached.

Please acknowledge receipt on duplicate of this letter and return in the envelope which also has been provided.

Very truly yours,



LAWRENCE LEVITT

LL:mv  
Enclosure

Receipt Acknowledged. \_\_\_\_\_  
Dated: January \_\_, 2003

*Attachment*

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