

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90046 004 ***150.00

DOCUMENT # 660279

1. Entity Name

CHRISTOPHER ROBYN, INC.

Principal Place of Business

**900 NE 17TH TERR
 PO BOX 7415
 FT LAUDERDALE FL 33338**

Mailing Address

**900 NE 17TH TERR
 PO BOX 7415
 FT LAUDERDALE FL 33338**

2. Principal Place of Business

515 N.E. 13th Street

3. Mailing Address

515 N.E. 13th Street

Suite, Apt. #, etc.

P.O. Box 7415

Suite, Apt. #, etc.

P.O. Box 7415

City & State

Fort Lauderdale Fl

City & State

Fort Lauderdale FL

Zip

33338

Country

Broward

Zip

33338

Country

Broward

4. FEI Number

59-1996925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**E GERALD COOPER
 900 NE 17 TERRACE
 FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **DP** ☐ Delete
 NAME **COOPER, E GERALD**
 STREET ADDRESS **900 N.E. 17 TERRACE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **515 NE 13th Street**
 CITY-ST-ZIP **Fort Lauderdale, FL 33304**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-01 954-462-4234

CR2E034 (10/00)