

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90075 024 \*\*\*\*61.25

**DOCUMENT # 728766**

1. Entity Name  
**ROBIN LYNN CONDOMINIUM, INC.**

Principal Place of Business

**1540 SAN REMO AVE.  
 CORAL GABLES FL 33146  
 US**

Mailing Address

**2396 NE 172ND STREET  
 NORTH MIAMI BEACH FL 33160  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1754377**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDS, HOWARD F JR  
 1540 SAN REMO AVE.  
 SUITE 7  
 CORAL GABLES FL 33146**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **WILDS, HOWARD F**  
 CITY-ST-ZIP **1540 SAN REMO, #7  
 CORAL GABLES FL 33146**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **PASS, MARGARET**  
 CITY-ST-ZIP **1540 SAN REMO AVENUE, #3  
 CORAL GABLES FL 33146**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SEIDEL, JORG**  
 CITY-ST-ZIP **1540 SAN REMO AVE  
 CORAL GABLES FL**

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

TITLE ☒ Delete  
 NAME **DVP**  
 STREET ADDRESS **HAYNES, DUNCAN**  
 CITY-ST-ZIP **4051 BARBAROSSA AVENUE  
 COCONUT GROVE FL 33133**

TITLE ☐ Change ☒ Addition  
 NAME **DVP**  
 STREET ADDRESS **HAYNES, GISELA**  
 CITY-ST-ZIP **4051 Barbarossa Avenue  
 Coconut Grove, FL 33133**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 617, 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: HOWARD F WILDS, JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-01 (305) 666-3883**

Date Daytime Phone #

CR2E037 (10/00)