

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50571

1. Entity Name

ROBER CORPORATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90119 015 ***158.75

Principal Place of Business

2581 S.W. 112 AVENUE
DAVIE FL 33325

Mailing Address

2581 S.W. 112 AVENUE
DAVIE FL 33325-4811

2. Principal Place of Business

Suite, Apt. #, etc. - - -

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc. - - -

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2150937**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERGOUIGNAN, BEINVENIDO
3685 SW 26 ST
MIAMI FL 33133

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, 2000 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	SDT	<input type="checkbox"/> Delete
NAME	BERGOUIGNAN, JUAN	
STREET ADDRESS	2501 S.E. 17 AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGOUIGNAN, BIENVENIDO	
STREET ADDRESS	3685 SW 26 ST	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGOUIGNAN, JOSE LUIS	
STREET ADDRESS	2484 S.W. 24 TERRACE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)