

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90026 004 \*\*\*158.75

**DOCUMENT # F99000004165**

1. Entity Name  
**IROBINSON MARKETING, INC.**

Principal Place of Business  
**235 LINCOLN ROAD, SUITE 204**  
**MIAMI BEACH FL 33139**

Mailing Address  
**235 LINCOLN ROAD, SUITE 204**  
**MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**437 41st St.**

3. Mailing Address  
**437 41st St.**

Suite, Apt. #, etc.  
**216**

Suite, Apt. #, etc.  
**216**

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

4. FEI Number **65-0907800**

Applied For  
Not Applicable

Zip **33140** Country **USA**

Zip **33140** Country **USA**

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**

**305-672-9200 MGMT, INC**  
**235 LINCOLN RD**  
**#204**  
**MIAMI BEACH FL 33139**

Name  
**305-672-9200 Management, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**437 41st St. #200**

**Miami Beach, FL 33140**

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 **Pres./305-672-9200 Management, Inc. 04/25/01**  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDPV**  
**SCHMITT, RS** ☒ Delete  
**235 LINCOLN ROAD, SUITE 204**  
**MIAMI BEACH FL 33139**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**SCHMITT, RS** ☒ Delete  
**235 LINCOLN ROAD, SUITE 204**  
**MIAMI BEACH FL 33139**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDPVST** ☐ Change ☒ Addition  
**Nicole Robinson**  
**437 41st St. #216**  
**Miami Beach, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: **Pres. 4/25/01 305-672-2700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)