

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90026 014 ***158.75

DOCS000

DOCUMENT # F99373

1. Entity Name
ROBERTS APARTMENTS, INC.

Principal Place of Business
ROBERT'S APT'S INC.
8201 HARDING AVE
MIAMI BEACH FL 33141
US

Mailing Address
12540 N. BAYSHORE DRIVE
NORTH MIAMI FL 33181

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2267684**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCULTHORPE, ROBERT D.
12540 N. BAYSHORE DRIVE
NORTH MIAMI BEACH FL 33181

SAME

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 _____ (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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SCULTHORPE, ROBERT D	
STREET ADDRESS	12540 N BAYSHORE DRIVE	
CITY-ST-ZIP	N MIAMI, FL 00000 33181	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCULTHORPE, WALTER	
STREET ADDRESS	12540 N BAYSHORE DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCULTHORPE, GLADYS	
STREET ADDRESS	12540 N BAYSHORE DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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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: *Robert D. Sculthorpe* / 20/2002 893-0858
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)