

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

10-03-2002 90050 007 ***61.25
FILED

02 OCT -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

981544

DOCUMENT # **F99373**
1. Entity Name
ROBERTS APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8201 HARDING AVENUE
Suite, Apt. #, etc.

3. Mailing Address
12540 N. BAYSHORE DR
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
NORTH MIAMI, FLORIDA

Zip
33141 Country **US**

Zip
33181 Country **US**

4. FEI Number
59-2267684

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
ROBERT D. SCULTHORPE

Street Address (P.O. Box Number is Not Acceptable)
12540 N. BAYSHORE DRIVE

City **NORTH MIAMI BEACH FL** Zip Code **33181**

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 *Robert D. Sculthorpe* DATE **OCT 15 2002**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when consisting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCULTHORPE, ROBERT D 12540 N. BAYSHORE DRIVE N. MIAMI, FL 33181 <input checked="" type="checkbox"/> CHANGE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCULTHORPE, WALTER 12540 N. BAYSHORE DRIVE N. MIAMI, FL 33181 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

Handwritten signature

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert D. Sculthorpe* PRESIDENT DATE **OCT 15 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone **(305) 893-0858**

CR2E034B (12/01)