**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # H75897** ROODENBURG PROPERTY SPECIALISTS, INC. 01-25-2001 90227 017 \*\*\*150.00 Principal Place of Business Mailing Address 14391 S.W. 73 AVENUE 14391 S.W. 73 AVENUE MIAM! FL 33158-1601 MIAMI FL 33158-1601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0137455 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROODENBURG, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 14391 S.W. 73 AVENUE MIAMI FL 33158-1601 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ROODENBURG, PIETER NAME NAME STREET ADDRESS 14391 S.W. 73 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158-1601 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition ROODENBURG, YOLANDA NAME NAME STREET ADDRESS 14391 S.W. 73 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158-1601 CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 (eport 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.