

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90045 018 \*\*\*550.00

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AV

**DOCUMENT # J60034**

1. Entity Name  
**R. SAMIA, INC.**



Principal Place of Business  
**11401 SEABREEZE BLVD.  
#604  
FORT LAUDERDALE FL 33316**

Mailing Address  
**757 SE 17TH ST  
#543  
FORT LAUDERDALE FL 33316-2960**



2. Principal Place of Business  
**1140 SEABREEZE BLVD**

3. Mailing Address

Suite, Apt. #, etc.  
**#604**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**FORT LAUDERDALE, FL**

City & State

4. FEI Number **59-2781723**

Applied For  
Not Applicable

Zip  
**33316**

Country  
**USA**

Zip

Country

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

**SAMIA, ROBERT J.  
757 SE 17TH ST #543  
FORT LAUDERDALE FL 33316-2960**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT J. SAMIA (PVST)**  
Signature typed or printed name of registered agent and title if applicable.

**ROBERT J. SAMIA (PVST)**

**7/5/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
SAMIA, ROBERT J  
757 SE 17TH ST. #543  
FORT LAUDERDALE FL 33316-2960** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SAMIA, ROBERT J.  
1500 S OCEAN BLVD, #S805  
BOCA RATON FL** ☒ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ROBERT J. SAMIA 561-706-9339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)