

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90022 006 ***150.00

DOCUMENT # K42359

1. Entity Name
MIAMI ROBES INTERNATIONAL INC.

Principal Place of Business
% SALO GROSFELD
14652 BISCAYNE BLVD
NORTH MIAMI FL 33181

Mailing Address
19401 W. DIXIE HWY
14652 BISCAYNE BLVD
MIAMI FL 33180
US



2. Principal Place of Business
19401 W DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State

4. FEI Number **65-0080940**

Applied For
 Not Applicable

Zip **33180**

Country **MIA DADE**

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

GROSFELD, SALO
14652 BISCAYNE BLVD. ONLY THE ADDRESS
MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

19401 W DIXIE HWY

City **MIAMI**

FL

Zip Code **33180**

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 _____

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, 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 Delete
 NAME **D GROSFELD, SALO**
 STREET ADDRESS **14652 BISCAYNE BLVD. ONLY THE ADDRESS**
 CITY-ST-ZIP **NORTH MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **19401 W DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE Delete
 NAME **D GROSFELD, JAIME**
 STREET ADDRESS **1070 S SHORE DR. ONLY THE ADDRESS**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **13390 BISCAYNE BAY DR**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)