

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010583 AF

DOCUMENT # L00000004985

1. Entity Name

ROBERTSON HOLDINGS, LLC

Principal Place of Business

7795 NW 54TH ST  
MIAMI FL 33166

Mailing Address

7795 NW 54TH ST  
MIAMI FL 33166

2. Principal Place of Business

9400 SW 130TH AVE

Suite, Apt. #, etc.

MIAMI, FL

City & State

Zip 33186

Country DADE

3. Mailing Address

9400 SW 130TH AVE

Suite, Apt. #, etc.

MIAMI-PA, FL

City & State

Zip 33186

Country DADE

FILED

01 JAN 31 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003656

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, JIM  
2810 SW 122 AVE  
MIAMI FL 33166

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

*Jim Kent*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME ROBERTSON, DONALD E  
STREET ADDRESS 7795 NW 54TH ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE MGR  
NAME ROBERTSON, TOM  
STREET ADDRESS 7795 NW 54TH ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500003656765-4  
-02/08/01--01007--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*John T. Robertson* JOHN T. ROBERTSON

1/23/01 305-386-5533  
Date Daytime Phone #

CR2E083 (11/00)