

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90098 041 \*\*\*\*50.00

**DOCUMENT # L01000020368**

1. Entity Name

**ROBARD MANAGEMENT SERVICES, LLC**

Principal Place of Business

**2229 NORTH COMMERCE PARKWAY  
 WESTON FL 33326**

Mailing Address

**2229 NORTH COMMERCE PARKWAY  
 WESTON FL 33326**

**933657**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

**46-0463793**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required.

6. Name and Address of Current Registered Agent

**STEVEN F. SAMILOW, P. A.  
 2645 EXECUTIVE PARK DRIVE  
 115  
 WESTON FL 33331**

7. Name and Address of New Registered Agent

Name **Karen Spigler**  
 Street Address (P.O. Box Number if Not Acceptable) **499 NW 70th Ave**  
**Suite 105**  
 City **Plantation** FL **33317**

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 

(NOTE: Registered Agent signature required when reinstating)

**3.12.02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **BLA & L ASSOCIATES, INC.**  
 STREET ADDRESS **525 COCONUT CIRCLE**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **MGRM** ☐ Delete  
 NAME **WESTON SURGERY, INC.**  
 STREET ADDRESS **2645 EXECUTIVE PARK DRIVE**  
 CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

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

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 603, Florida Statutes.

SIGNATURE:

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

Date

**3/7/02**  
**954 315-0380**

CR2E083 (9/01)