

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M28929

1. Entity Name

ROBERTS SHOWROOM FINISH, INC. ✓

Principal Place of Business

C/O ROBERT LEE JEFFERS
14108 S.W. 139 CT.
MIAMI FL 33186

Mailing Address

C/O ROBERT LEE JEFFERS
14108 S.W. 139 CT.
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2650391

Applied For

Not Applicable

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

JEFFERS, ROBERT LEE
9505 CUTLER RIDGE DR
MIAMI FL 33157

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME JEFFERS, ROBERT LEE
STREET ADDRESS 14108 S.W. 139 CT.
CITY-ST-ZIP MIAMI FL

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Robert Lee Jeffers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 31, 2000 *305-251-1551*
Date Daytime Phone #

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90088 003 ***550.00

A0075248



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)