2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M47975

1. Entity Name

Zip

ROBELI RENTAL CORPORATION

Country

Mailing Address Principal Place of Business 1124 SW 8TH STREET 1124 SW 8TH STREET MIAMI FL 33135 MIAMI FL 33130-3604 üŝ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90045 029 ***150.00

\$8.75 Additional

Fee Required



5. Certificate of Status Desired

	6. Name and Address of Current Reg		7. Name and Address	or New Registered A	jeni			
		Name						
HERNANDEZ, ROBERTO 1124 SW 8TH STREET MIAMI FL 33135			Street Address (I	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	, –	
					<u> </u>			
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 Contraction of the state of registered agent and title if applicable (NOTE: Reg. and Agent signature required when reinstating) DATE								
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Carr Trust Fund C			May Be to Fees	
11. OFFICERS AND DIRECTORS 12			12.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT HERNANDEZ, ROBERTO 1124 SW 8TH STREET MIAMI FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •		☐ Change	☐ Addition _~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ation 110 07(0)(i) Florida		Change	☐ Addition	
13. Thereby of	certify that the information supplied with this	stiling does not quality for t	he exemption stated in Se	ection 119.07(3)(1), Florida	. Statutes, i further cert	n on officer	or director	

Country

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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #