

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-08-2000 90114 031 ***150.00

DOCUMENT # M67097

1. Entity Name

ROB/JEN INVESTMENTS, INC.

R

Principal Place of Business

% FRANCIS X.J. LYNCH
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Mailing Address

% FRANCIS X.J. LYNCH
340 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4048

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

59-2875503

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

LYNCH, FRANCIS X J
340 ROYAL POINCIANA PLAZA
PALM BEACH FL

Name **I. SHASHA**

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

1201 N. Olive Ave.

City **W.P.B.**

FL

Zip Code **33401**

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, 2000 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	PSD	<input type="checkbox"/> Delete
NAME	SHASHA, ITZHAK I	
STREET ADDRESS	340 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LYNCH, FRANCIS X J	
STREET ADDRESS	340 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/99)