

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008416

1. Entity Name

THE BEVERLY D. ROBERSON CORP.

Principal Place of Business

486 NW 165 STREET ROAD #B607  
MIAMI FL 33169

Mailing Address

486 NW 165 STREET ROAD #B607  
MIAMI FL 33169

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

15-1078985

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BETHEL, MADRICA  
679 N.E. 26 STREET #10  
MIAMI FL 33137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVINGTON, LOIS 2937 NW 51 STREET MIAMI FL 33147	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KENNETH 815 NW 3 AVENUE HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete BR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHIQUITA 815 NW 3 AVENUE HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete BR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CYNTHIA 5435 MINOSA COURT JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete BR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BEVERLY D. ROBERSON 486 NW 165 ST. RD. #B607 MIAMI, FL. 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYRA J. BETHEL 3323 NW 193 ST CAROL CITY, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ ALFRED SWEETING 3323 NW 193 ST. CAROL CITY, FL. 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICTIVIA D. MOORE 3323 NW 193 ST. CAROL CITY, FL. 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BEVERLY D. ROBERSON

Date

4/29/01 (786) 457-0556

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
Jun 19, 2001 8:00 am  
Secretary of State

05-17-2001 91000 001 \*\*\*\*\*8.75

05-17-2001 91000 002 \*\*\*\*\*61.25

CR2E037 (10/00)