

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90332 033 ***150.00

DOCUMENT # P00000038642

1. Entity Name

ROBERT J. HOBSON, INC.

Principal Place of Business

**3900 NW 79TH AVENUE
 SUITE 325
 MIAMI FL 33166**

Mailing Address

**3900 NW 79TH AVENUE
 SUITE 325
 MIAMI FL 33166**

2. Principal Place of Business

549 N.E. 165 St.

Suite, Apt. #, etc.

3. Mailing Address

549 N.E. 165 St.

Suite, Apt. #, etc.

City & State

N. Miami Beach FL.

City & State

N. Miami Beach FL.

4. FEI Number

65-0774875

Applied For

Not Applicable

Zip

33162

Country

Zip

33162

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CERRO, RAQUEL
 3900 NW 79TH AVENUE
 SUITE 325
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Robert Hobson**

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

549 N.E. 165 St.

City **N. Miami Beach**

Zip Code

33162

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

2-20-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

TITLE **D** ☒ Delete
 NAME **CERRO, RAQUEL**
 STREET ADDRESS **3900 NW 79TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Robert Hobson**
 STREET ADDRESS **549 N.E. 165 St.**
 CITY-ST-ZIP **N. Miami Beach FL. 33162**

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) of the Florida Statutes, 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-01 305 3322269

CR2E034 (10/00)