

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90705 005 \*\*\*150.00

**DOCUMENT # P00000055497**

1. Entity Name  
**ROBERTA CORPORATION**

Principal Place of Business  
**2919E NORTH MILITARY TRAIL  
 SUITE 220  
 W. PALM BEACH FL 33409**

Mailing Address  
**2919E NORTH MILITARY TRAIL  
 SUITE 220  
 W. PALM BEACH FL 33409**

00121440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9817 Seacrest Circle**

3. Mailing Address

Suite, Apt. #, etc.  
**A 201**

Suite, Apt. #, etc.

City & State  
**Boynton Beach**

City & State  
**FL 4**

4. FEI Number  
**65-1019495**

Applied For  
 Not Applicable

Zip  
**33407**

Country  
**FLA Beach**

Zip  
**33407**

Country  
**FLA Beach**

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

**PERTNOY, SIDNEY M  
 150 W. FLAGLER STREET  
 SUITE 2000  
 MIAMI FL 33130**

Name  
**STUART CARVER**

Street Address (P.O. Box Number is Not Acceptable)  
**4817 Seacrest Circle #201**

**Boynton Beach FL 33407**

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

(NOTE: Registered Agent signature required when re-registering)

DATE  
**5/13/02**

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, 2002 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  
**D**  
 NAME  
**CARVER, STUART**  
 STREET ADDRESS  
**2919E NORTH MILITARY TRAIL, SUITE 200**  
 CITY-ST-ZIP  
**W. PALM BEACH FL 33409**

TITLE  
**Change**  
 NAME  
**4817 Seacrest Circle #201**  
 STREET ADDRESS  
**Boynton Beach FL 33407**  
 CITY-ST-ZIP  
**33407**

TITLE  
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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)