

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90179 040 ***150.00

DOCUMENT # P00000060586

1. Entity Name

R & O ENTERPRISES, INC.

Principal Place of Business

**1327 NORTHEAST 14TH COURT
 FORT LAUDERDALE FL 33304**

Mailing Address

**POST OFFICE BOX 7512
 FORT LAUDERDALE FL 33338**

2. Principal Place of Business

1698 NE 33RD ST

3. Mailing Address

POB 24473

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

OAKLAND PARK, FL

4. FEI Number

65-1022228

Applied For

Not Applicable

Zip

Country

33334

Zip

Country

33307

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

Margaret Braenniman, Esq

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

1400 NE 14TH ST

City

Ft. Lauderdale

FL

33304

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

Margaret Braenniman, Esq

5/23/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **HARRISON, ROBERT L**
 CITY-ST-ZIP **1327 NORTHEAST 14TH COURT
 FORT LAUDERDALE FL 33304**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1698 NE 33RD ST**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L. Harrison

Robert L. Harrison 4/20/01 (954) 630-2164

CR2E034 (10/00)