

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90044 039 \*\*\*150.00

**DOCUMENT # P00000101219**

**1. Entity Name**  
**ROBCO INDUSTRIES, INC.**

**Principal Place of Business**  
**1360 NORTHEAST 157TH STREET**  
**NORTH MIAMI BEACH FL 33162**

**Mailing Address**  
**1360 NORTHEAST 157TH STREET**  
**NORTH MIAMI BEACH FL 33162**

**2. Principal Place of Business**

**3. Mailing Address**  
**745 N.W. 30th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Miami, FL**

**4. FEI Number** **65-1050992**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33127 U.S.**

**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

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** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PSTD ROBINSON, ANTWAN**  
**STREET ADDRESS** **1360 NORTHEAST 157TH STREET**  
**CITY-ST-ZIP** **NORTH MIAMI BEACH FL 33162**

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

**TITLE** ☐ Delete  
**NAME** **VD JIMENEZ, PATRICIA**  
**STREET ADDRESS** **745 NW 30TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33127**

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

**TITLE** ☐ Delete  
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**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** **ANTWAN ROBINSON**

**4-23-02 (305) 335-7838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)