

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

02 OCT -4 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0136699



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000108094

1. Entity Name
ROBERT MASKIN, P.A.

Principal Place of Business

Mailing Address

900 BAY DRIVE SUITE 804
MIAMI BEACH FL 33141900 BAY DRIVE SUITE 804
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
65-1055927Applied For
Not Applicable5. 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

MASKIN, ROBERT
900 BAY DRIVE SUITE 804
MIAMI BEACH FL 33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MASKIN, ROBERT 900 BAY DRIVE SUITE 804 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASKIN, ANITA 900 BAY DRIVE SUITE 804 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

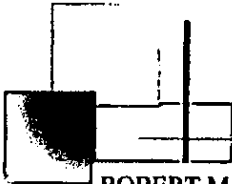
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

25 10/4/02



ROBERT MASKIN, CIPS P.A.

Attachment

#PO000108094

B'H

September 4, 2002
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Fl. 32314

Sirs:

In follow up to my conversation today with "Matt" from your office, that we never received a Uniform Business Report form in January, he told me to write to you explaining the fact. We never received a "Uniform Business Report Form" in January.

I have signed the form enclosed and also enclosed the fee of \$150.00, which Matt told us is the normal fee. Please accept my check as payment in full. Thank you in advance for your consideration

Robert Maskin, P.A.
Robert Maskin, P.A.
Document # PO0000108094

900 Bay Drive-804
Miami Beach
Florida
33141

Phone: 305-868-1810
Fax: 305-861-3262
Email: www.keyes.com/robert.maskin