

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90092 047 ***150.00

DOCUMENT # P01000023007

1. Entity Name
ROB'S WORLD, INC.

Principal Place of Business
~~405 N. OCEAN BLVD.
 #508
 POMPANO BEACH FL 33062~~

Mailing Address
~~405 N. OCEAN BLVD.
 #508
 POMPANO BEACH FL 33062~~

2. Principal Place of Business
1804 SW 20TH ST.

3. Mailing Address
1804 SW 20TH ST

Suite, Apt. #, etc. **B**

Suite, Apt. #, etc. **B**

City & State
Ft Lauderdale, FL

City & State
Ft Lauderdale, FL

4. FEI Number
65-1093773

Applied For
 Not Applicable

Zip
33315

Country
USA

Zip
33315

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MASE, ROBERT
403 N. OCEAN BLVD.
#508
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name **MASE, Robert**
 Street Address (P.O. Box Number is Not Acceptable)
1804 S.W. 20TH ST.
1
 City **Ft Lauderdale** **FL** Zip Code **33315**

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 *Robert Mase*

3/06/02

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 \$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

TITLE **D** ☐ Delete
 NAME **MASE, ROBERT**
 STREET ADDRESS **405 N. OCEAN BLVD. #508**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Robert J Mase**
 STREET ADDRESS **1804 S.W. 20TH ST. # B**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

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)(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:

Robert Mase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/02

Date

Daytime Phone #

954 770-6459

CR2E034 (9/01)