

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 012 ***150.00

DOCUMENT # P01000121403

1. Entity Name
EROB INC.



Principal Place of Business
**C/O AGUIRRE & ASSOCIATES. P.A.
2150 CORAL WAY FIRST FLOOR
MIAMI FL 33145**

Mailing Address
**C/O AGUIRRE & ASSOCIATES. P.A.
2150 CORAL WAY FIRST FLOOR
MIAMI FL 33145**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0548359**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATE CREATIONS NETWORK INC
941 FOURTH STREET #200
MIAMI BEACH FL 33439

Name
The Business Success Group, Inc
Street Address (P.O. Box Number is Not Acceptable)
2150 Coral Way, 1st Floor

City
Miami

FL

Zip
33145

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 the registered agent.

2150 CORAL WAY FIRST FLOOR

C/O AGUIRRE & ASSOCIATES. P.A.

2150 CORAL WAY FIRST FLOOR

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/22/03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D RUNYON, ERIC S
2150 CORAL WAY FIRST FLOOR
MIAMI FL 33145

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CITY-ST-ZIP
01-0548359

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CITY-ST-ZIP

12. 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 10 or Block 11 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 #

[Signature] Eric Runyon

4/23/03

CR2E034 (10/02)