

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90213 047 ***155.00

DOCUMENT # **P02000020483**

1. Entity Name

Robcanet Solutions, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2150 NW 145 AVE

3. Mailing Address

2150 NW 145 AVE

Suite/Apt. #, etc.

Suite/Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

01-0646063

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33028

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **ROBERTO L GARCIA**

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

2150 NW 145 AVE

City **PEMBROKE PINES**

FL

Zip Code

33028

**DO NOT WRITE
IN THIS SPACE**

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

Roberto L. Garcia **PRESIDENT**

4-22-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME **P ROBERTO L GARCIA**
STREET ADDRESS **2150 NW 145 AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL, 33028**

TITLE
NAME **V.P. CARIDAD G BRISO**
STREET ADDRESS **2150 NW 145 AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL, 33028**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roberto L. Garcia

4-22-2003 (954)3925568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)