

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90109 049 ***150.00

DOCUMENT # P93000016412



1. Entity Name
ROBERT ENTERPRISES OF FLORIDA, INC.

Principal Place of Business
**1336 N.W. 3 STREET
MIAMI FL 33125**

Mailing Address
**1336 N.W. 3 STREET
MIAMI FL 33125**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0396688**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**ALONZO, JULIO
542 SW 12TH AVE
STE 1
MIAMI FL 33130**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P	<input type="checkbox"/> Delete
NAME	ALONSO, JULIO	
STREET ADDRESS	1336 N.W. 3 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALONSO, ROBERT	
STREET ADDRESS	1336 N.W. 3 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALONSO, AIDA	
STREET ADDRESS	1336 N.W. 3 ST	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 officers empowered.

SIGNATURE: *[Signature]* **JULIO ALONSO** **PRESIDENT** **1/30/03** **(305) 324-9533**
Date Daytime Phone #

CR2E034 (10/02)