


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0044589 AV

DOCUMENT # P93000034870	
1. Entity Name ROBERT L. SCHAFER, P.A.	

FILED
03 OCT -1 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9 ISLAND AVENUE #1014 MIAMI BEACH FL 33139	Mailing Address 9 ISLAND AVENUE #1014 MIAMI BEACH FL 33139
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0410669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SCHAFFER, ROBERT L 9 ISLAND AVENUE MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P SCHSFFER, ROBERT
STREET ADDRESS	9 ISLAND AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100023485881
10/01/03--01038--006 **150.00

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____

CR2E034 (4/03)



5501 PINE TREE DRIVE, MIAMI BEA., FL. 33140

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL., 32302-1500

To whom it may concern,

Re: Corporation # 65-04-10669

I filed the form with my check for \$150. on April 10th of 2003. However it has just come to my attention that you have dissolved my corporation for lack of payment.

I am herewith enclosing another check for the \$150. so as not to delay my corporate listing and hope that you will be kind enough to re-instate everything.

Sincerely,

Robert Schafer

A large, stylized handwritten signature in black ink, appearing to read "Robert Schafer", is written over the printed name.